

Name
in
Full

Lydia E. Adams

CERTIFICATE OF DEATH

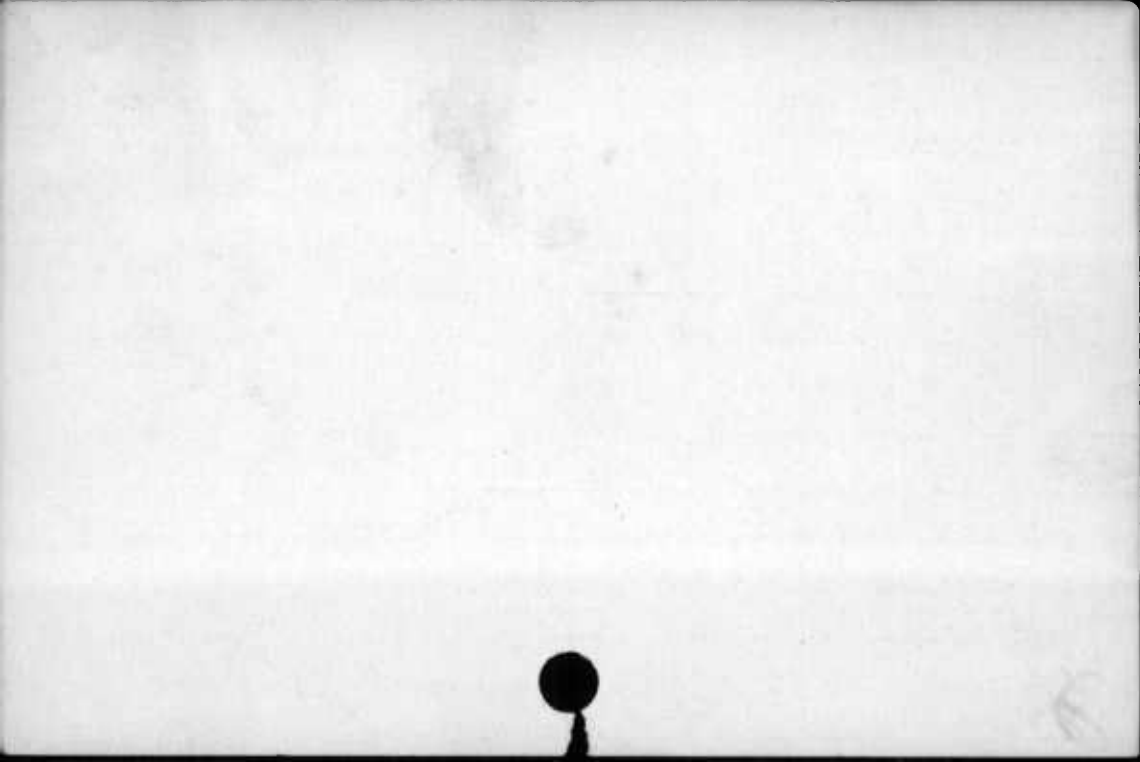
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glyndon</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct</i>	Day <i>9</i>	Age <i>79</i>	Years <i>79</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Dorchester, Co. Mass</i>		
Occupation <i>School Teacher</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Henry S. Adams</i>				
Father's Name <i>John Emmells</i>	Father's Birthplace <i>Talbot Co. Md</i>				
Mother's Maiden Name <i>Margrett Williams</i>	Mother's Birthplace <i>Worcester Co. Mass</i>				
Name of person giving information <i>Nora E. Gore</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile decay</i>	How long <i>104</i>
Immediate <i>Sub-acute gastritis</i>	How long <i>700 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Gore M.D.</i>
	Address <i>Reisterstown Md</i>



Name
in
Full

Bertha A. Ady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1906	Month <i>October</i>	Day <i>20</i>	Age <i>51</i>	Years	Months <i>5</i>	Days <i>29</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore County</i>			
Married, Single or Widowed		Occupation <i>None</i>					
Name of Wife or Husband							
Father's Name <i>Edward H. Ady</i>				Father's Birthplace <i>Harford County</i>			
Mother's Maiden Name <i>Henrietta Wheeler</i>				Mother's Birthplace <i>Harford Co</i>			
Name of person giving Information <i>J. H. Garrett</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>six months</i>
Immediate <i>Heart failure</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Garrett</i>
	Address <i>Towson</i>
Accident or Suicide?	

H. C. Windfeld

St Marys Cemetery
Yorans Town

Name in Full		Benjamin Ehrman Affeld				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Lovely</u> Town		<u>Beth</u> County		MARYLAND		
	Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>13</u>	Years <u>25</u>	Months <u>-</u>	Days <u>-</u>	
	Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>md</u>			
	Occupation <u>Wid</u>		Where Residing if not at place of death				
	Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Edwina G Affeld</u>					
	Father's Name <u>Philip G Brauer</u>			Father's Birthplace <u>md</u>			
	Mother's Maiden Name <u>Minnie Brauer</u>			Mother's Birthplace <u>md</u>			
	Name of person giving information <u>Edwina G Affeld</u>			How related to deceased <u>Sister</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Septicemia</u>		<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 20 </div>		How long <u>2 wks</u>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John W. Garrison M.D.</u>		Address <u>Middle River md</u>		
	Accident or Suicide? <u>No</u>		<div style="background-color: black; width: 40px; height: 40px; margin: 0 auto;"></div>				



6

Name

in

Full

CERTIFICATE OF DEATH

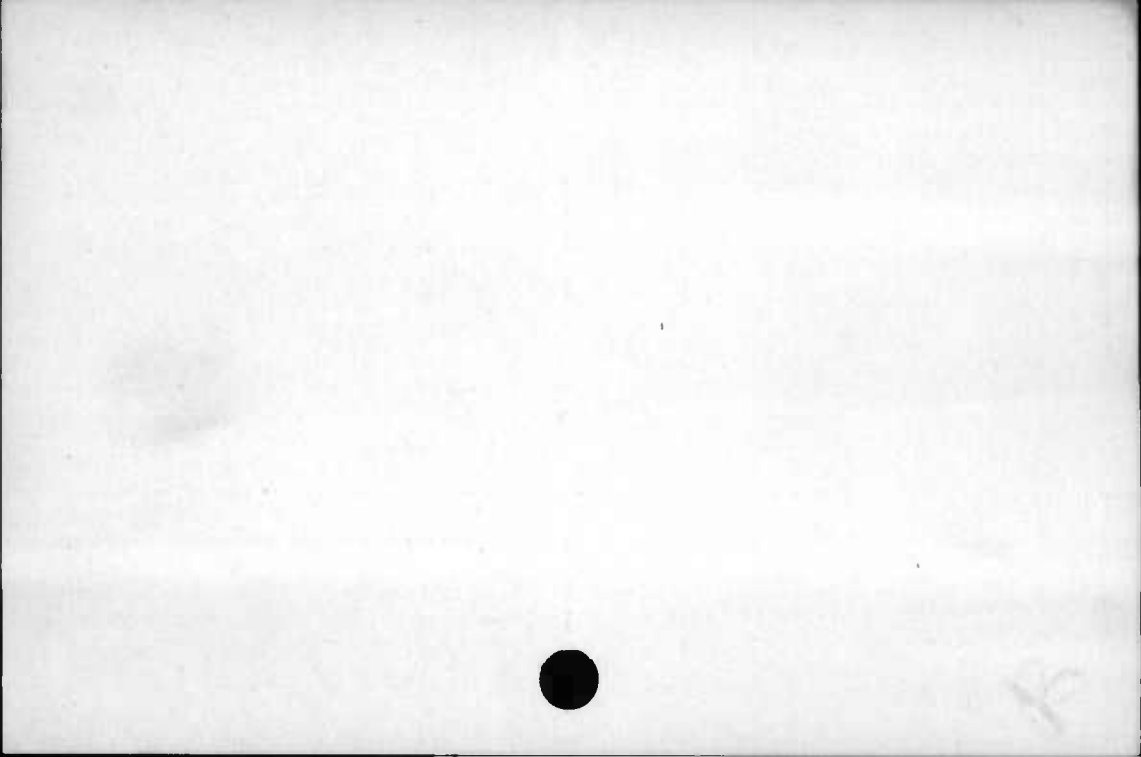
TO BE ANSWERED BY
NEAREST FRIEND

Name		Mr. Alexander		CERTIFICATE OF DEATH	
Died at		Town	Point	County	MD.
Date of death		1906	Oct.	3	Age 27
Sex		Male	Color or Race	Negro	Birthplace
Occupation		Laborer		Where Residing if not at place of death	
Married, Single or Widowed		Unknown		Name of Wife or Husband	
Father's Name		Unknown		Father's Birthplace	
Mother's Maiden Name		Unknown		Mother's Birthplace	
Name of person giving information		J. B. Blair		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Explosion at furnace. Buried	How long
Immediate	Accident	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name in Full		Rosa Anderson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at Town		County		MARYLAND			
		Crown		Balto					
		Date of death	1906	Month	Oct	Day	18	Age	Years 43
		Sex	Female	Color or Race	(Col)	Birth- place	Md.		
		Occupation	Housework	Where Residing if not at place of death		Crown			
Married, <input checked="" type="checkbox"/> Single		Name of Wife or Husband		Charles Anderson					
Father's Name		?		Father's Birthplace		?			
Mother's Maiden Name		Liza Wood		Mother's Birthplace		Md			
Name of person giving In formation		Charles Anderson		How related to deceased		Husband			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Diabetes		How long ?			
		Immediate		Cardiac Asthma		How long 24 hours			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Address		J. Gayles M.D., Crown Md.			
		Accident or Suicide?							

John Burns Sons
Lonsom

Colred Cemetery
Lonsom

Name
in
Full

Miss Alice Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Winans Md		County Baltimore		MARYLAND	
Date of death		Month 1906	Day Oct	Age	Years 33	Months 1	Days 1
Sex Female		Color or Race colored		Birth- place Virginia			
Occupation Domestic		Where Residing if not at place of death		Mt Winans Md			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Albert Arnold		Father's Birthplace Va					
Mother's Maiden Name Alice Arnold		Mother's Birthplace Va					
Name of person giving In formation Mrs Francis Arnold		How related to deceased Sister-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Failure & acute nephritis	How long 4 days
Immediate	Chronic Pulmonary Tuberculosis	How long 9 mo & 2 yrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes.		B. S. French, M.D.
		Address 603 F Fremont Ave
Accident or Suicide?		
no		

Remington Station
Fauquier Co.,
Va.

Helix Pye -

Name In Full

Certificate of Death

Ernie Banks

Town

County

Died at

Towson

Baltimore

MARYLAND

Date 1906 Oct 12th Month Day Y. M. D. Age 17 days Native of Baltimore Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of
WifeFather's
Name

Charles Banks

Mother's
Name

Lora Banks

Cause of

Primary

Hemorrhage

95

How long sick

One week

Death

Immediate

by

~~Accident, Suicide, Homicide~~

Reported by

Charles Banks

J. H. G. Jarrett, M.D.

Address

Towson

Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70958

John Burns Sons
Towson

Colored Cemetery
Towson

Name In Full

Certificate of Death

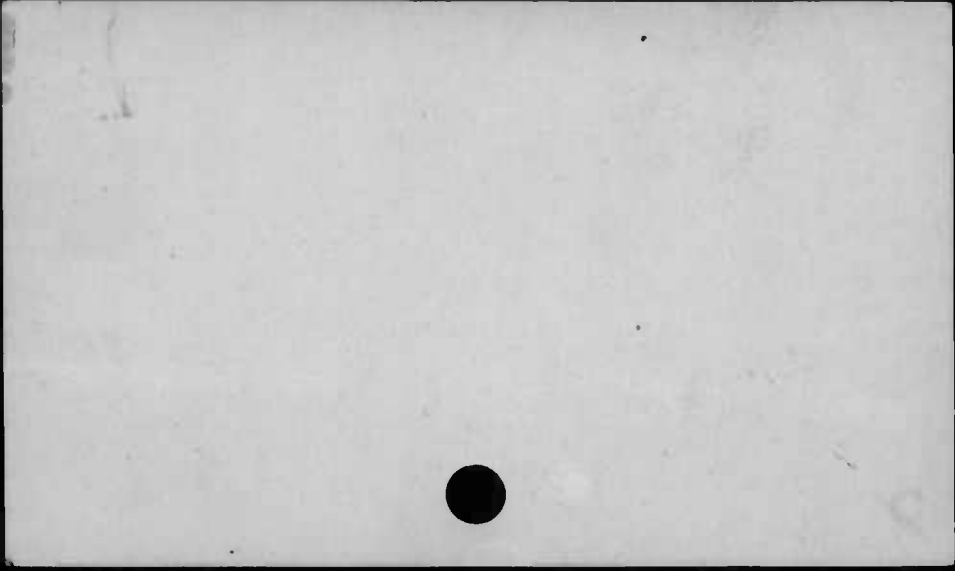
Name In Full **Garby Belt**
 Died at **Wipacoo** ^{Town} **Baltimore** ^{County} **MARYLAND**
 Date 19 **06** ^{Month} **10** ^{Day} **26** Age **87.7.8** ^{Y. M. D.} **Maryland** ^{Native of} **Carpenter** ^{Occupation}
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widower ☐ Divorced ☐ Number of children living **1**

Husband of **[Signature]**
 Wife **[Signature]**
 Father's Name **Leonard Belt** Mother's Name **Kathryn Almack.**
 Maiden Name **[Signature]**

Cause of Death { Primary **Old Age** Immediate **Lung trouble** } **(154)**
 How long sick **number of years**
 Accident, Suicide, Homicide

Reported by **R. C. Wells Jr.**
 Address **Hempstead Maryland**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Francis C Bitzer

CERTIFICATE OF DEATH

Died at ^{Town} *Dwains Mills*^{County} *Balto*

MARYLAND

Date
of death *1906*Month *Oct*Day *4*Age *63*

Years

Months

Days

Sex *Female*Color or
Race *white*Birth-
place *Balto Co Md*Occupation *House wife*Where Residing if not
at place of deathMarried, Single
or Widowed *married*Name of Wife or
Husband *William Bitzer*Father's
Name *Joseph Morrow*Father's
Birthplace *Balto, Co Md*Mother's
Maiden Name *Catherine Alward*Mother's
Birthplace *Carroll Co Md*Name of person giving
Information *William Bitzer*How related
to deceased *Husband*

CAUSES OF DEATH

Primary *Paralysis*How long *about 4*Immediate *Congestion of Brain*How long *24 hours*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *M H Campbell*Address *Dwains Mills Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

To Be Buried at Pleasant
Hill Cemetery

Name
in
Full

Benj. Booz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Spurrows Point</i> ^{Town}		<i>Balto.</i> ^{County}			
Date of death 190 <i>6</i>	<i>Oct.</i> ^{Month}	<i>3</i> ^{Day}	Age <i>23</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Unknown</i>		
Occupation <i>Laborer</i>	Where Residing If not at place of death <i>Unknown</i>				
Married, Single or Widowed <i>Unknown</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Joe Blair</i>			How related to deceased		

CAUSES OF DEATH

(164)

PHYSICIAN
OR CORONER

Primary <i>Explosion at furnace. Burned</i>	How long
Immediate <i>Accident</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joe Blair (Coroner)</i>
	Address <i>Spurrows Point Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

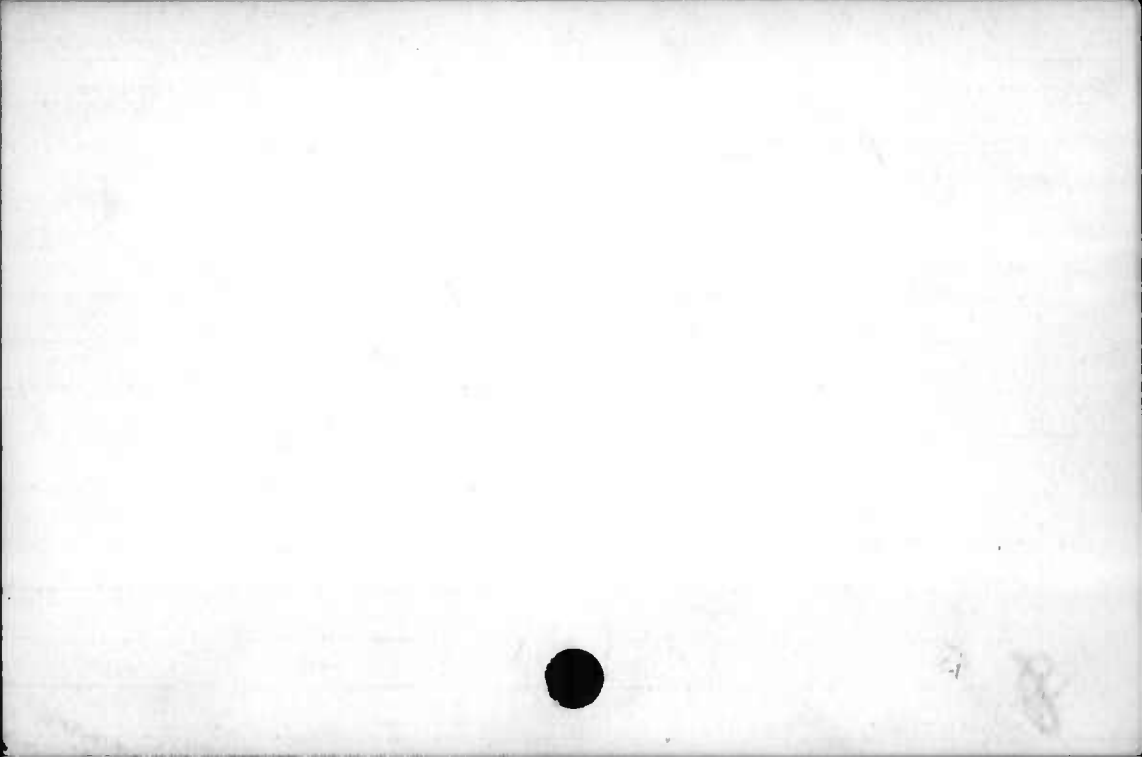
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Baltimore</i>		MARYLAND		
Date of death		190 <i>6</i>	Month <i>Oct</i>	Day <i>29</i>	Age	Years	Months <i>one</i>	Days <i>4</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation _____				Where Residing if not at place of death <i>236. First St.</i>				
Married, Single or Widowed _____				Name of Wife or Husband _____				
Father's Name <i>Chris Brannigan</i>				Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Hannah Brannigan</i>				Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Chris Brannigan</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary	<i>Asphyxiation</i>	How long	_____
Immediate	<i>time unknown</i>	How long	_____
Are the name, age, sex, color, date and place correctly given above? <i>YES.</i>		Signature of <i>P. A. Lunnigan</i>	
		Address <i>203 Toone St</i>	
Accident or Suicide? <i>Accident</i>		<i>Coroner</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Harriett M. Benner

CERTIFICATE OF DEATH

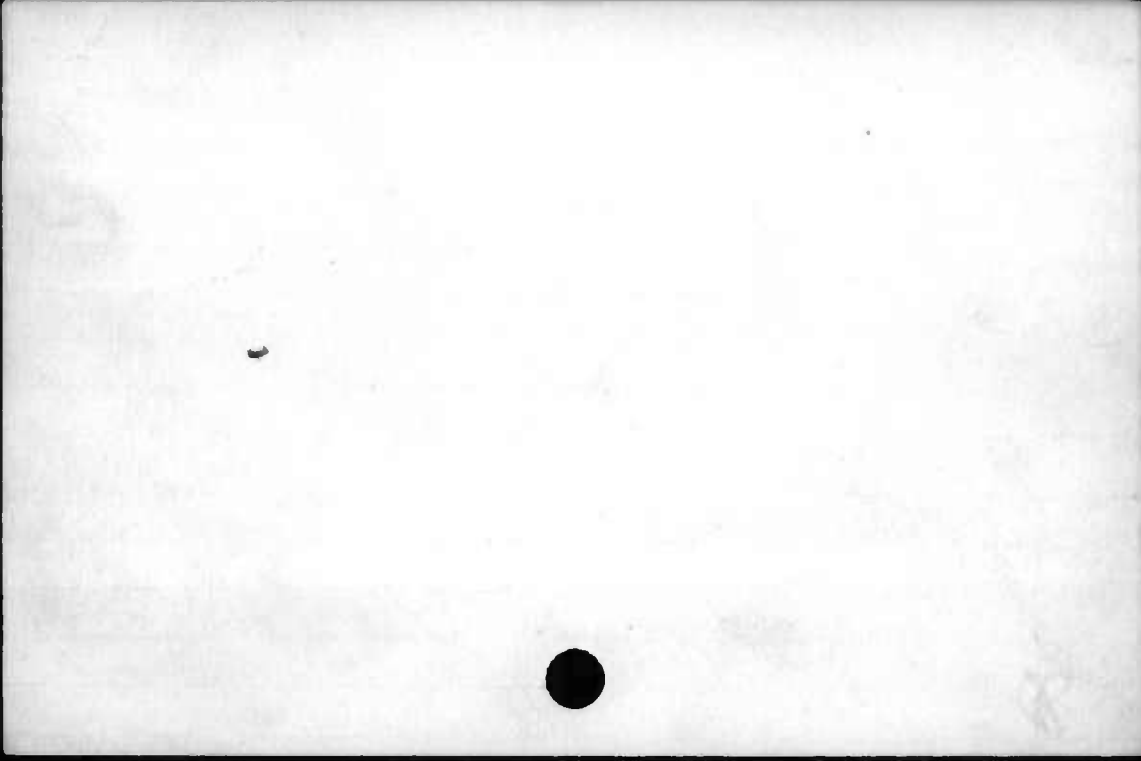
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leanton</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u>	Month <u>Oct</u>	Day <u>30</u>	Age <u>11</u> Years	Months <u>11</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto Co.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>George F. Benner</u>			Father's Birthplace <u>Balto Co.</u>		
Mother's Maiden Name <u>Lea Greenhill</u>			Mother's Birthplace <u>Balto City</u>		
Name of person giving information <u>—</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gastro Enteritis</u>	How long	<u>4 mos.</u>
Immediate	<u>Mal Nutrition</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. N. Atkey</u>	
		Address <u>2 Hudson St</u>	
Accident or Suicide? <u>8</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *W Roland Park, Balto Co*

Date of death 1906 Oct. 15 Age 23 Months 3 Days 11

Sex *Female* Color or Race *Colored* Birth-place *Balto City*Occupation *House wife* Where Residing If not at place of death *W Roland Park*Married, Single or Widowed *Married* Name of Wife or Husband *John W. Brown*Father's Name *Chas. William Jackson* Father's Birthplace *Md -*Mother's Maiden Name *Henrietta Smith* Mother's Birthplace *Md*Name of person giving information *John W. Brown* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Pulmonary tuberculosis* How long *Since March 06*Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. Starkman
3111 W. North Ave
Balti Md.

Accident or Suicide?

Sharp St Cemetery
Boals Only

Oct. 18. 56.

A S Marsh Hall
3539 Falls Road

Name
in
Full

CERTIFICATE OF DEATH

Ellen Burgean

Town

Gardenville

County

Dalt-

MARYLAND

Died at

Date

of death

1906

Month

Oct

Day

12

Age

Years

40 about

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

ind

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Burgean

Father's
BirthplaceMother's
Maiden Name

Mary Burton

Mother's
BirthplaceName of person giving
Information

Lennie Burgean

How related
to deceased

CAUSES OF DEATH

Primary

Pneumonia

How long

Immediate

neuralgia

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

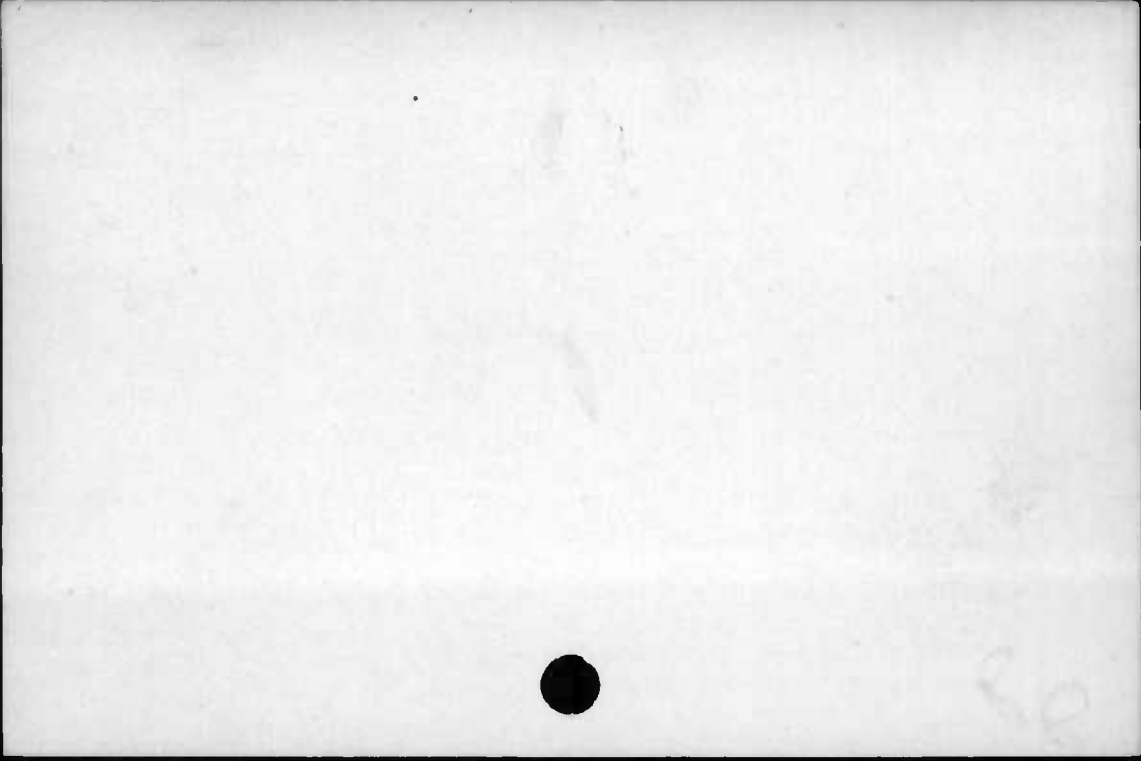
Edw D. Comer

Address

PHYSICIAN
OR CORONERTO BE ANSWERED BY
NEAREST FRIEND

J

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full *(Burgess) Ellen*

Died at *Latonsville* Town *Balto* County

Date of death *1906* Month *Oct* Day *21* Age *84* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Ind.*

Occupation *None* Where Residing if not at place of death ☒

Married, Single or Widowed *Married* Name of Wife or Husband ☒

Father's Name ☒ Father's Birthplace

Mother's Maiden Name ☒ Mother's Birthplace

Name of person giving information ☒ How related to deceased

92

CAUSES OF DEATH

PHYSICIAN
OR CORONER

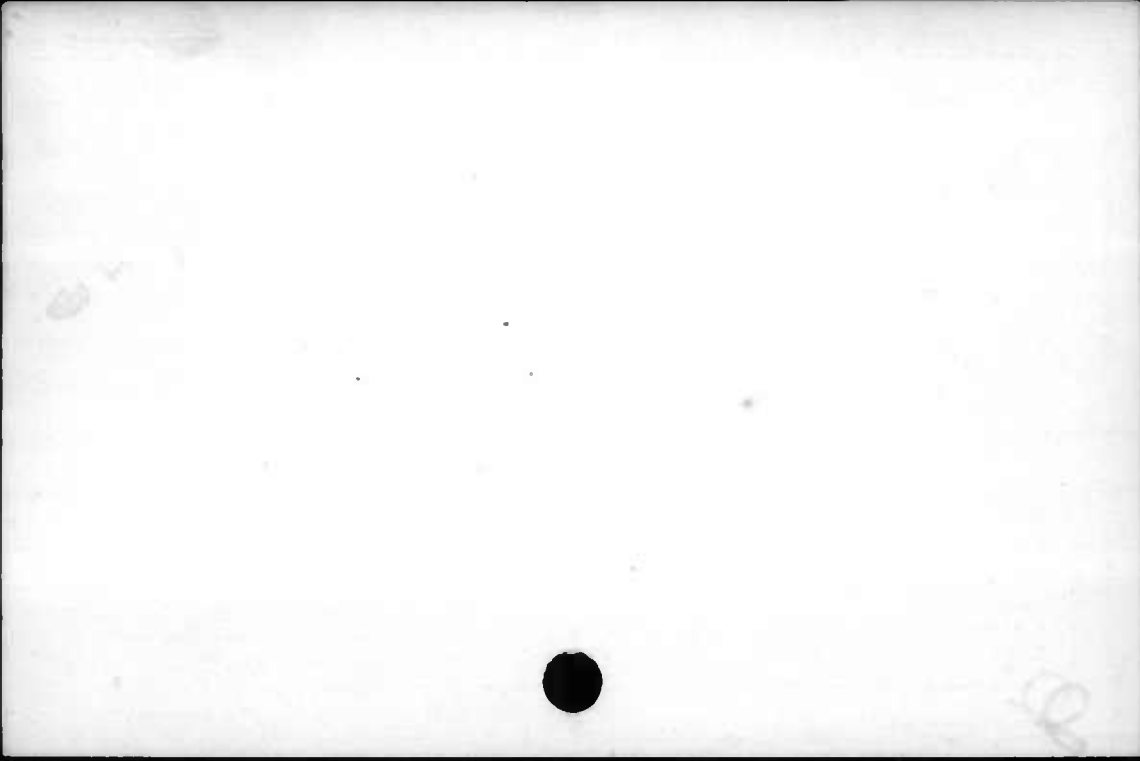
Primary *Senile Dementia* How long *20 yrs.*

Immediate *Pneumo- Pneumonia* How long *4 days.*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. P. Hade*

Address *Latonsville Ind.*

Accident or Suicide? *No.*



Name
in
Full

CERTIFICATE OF DEATH

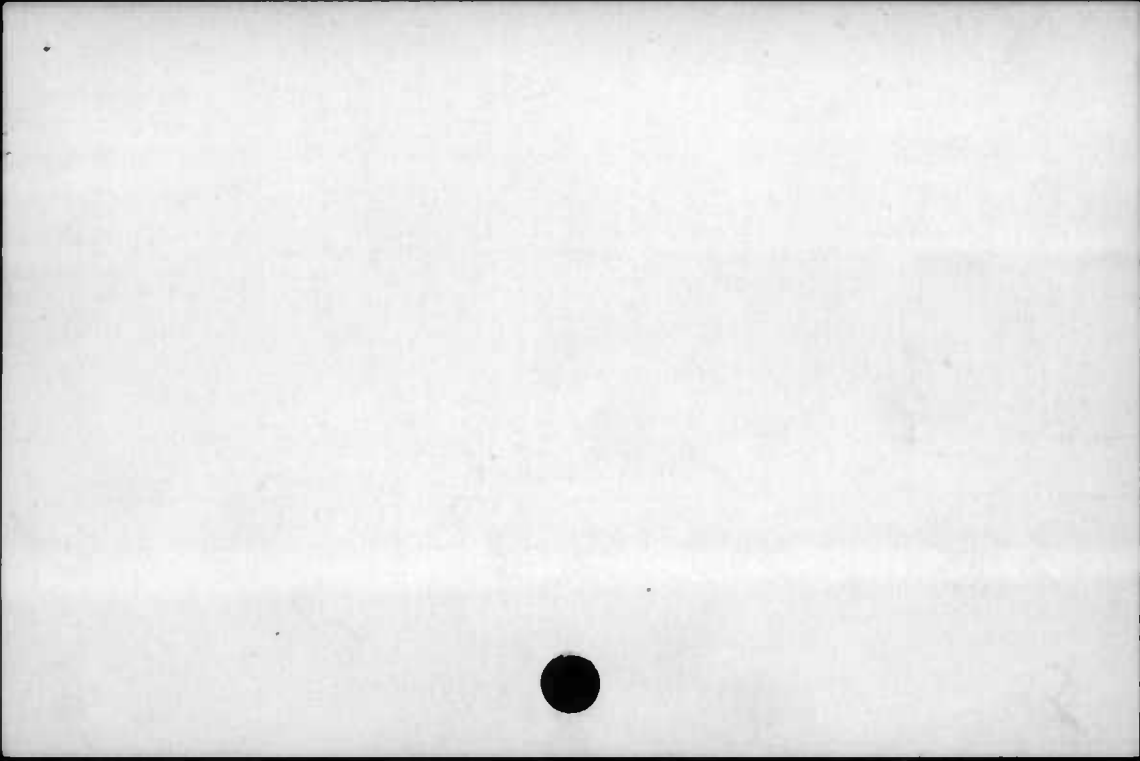
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i> Town <i>Burk</i> County <i>Balto</i>		MARYLAND	
Date of death <i>1906</i> Month <i>Oct</i> Day <i>26</i> Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>2</i>			
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Woodlawn</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Walter Burk</i>	Father's Birthplace <i>Woodlawn</i>		
Mother's Maiden Name <i>Stella Henrich</i>	Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Walter Burk</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile Paralysis</i>	How long <i>1 day</i>
Immediate <i>Convulsion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Smith</i>
<i>J</i>	Address <i>Woodlawn Stn</i>
Accident or Suicide? <i>—</i>	<i>Med.</i>



Name
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Full

CERTIFICATE OF DEATH

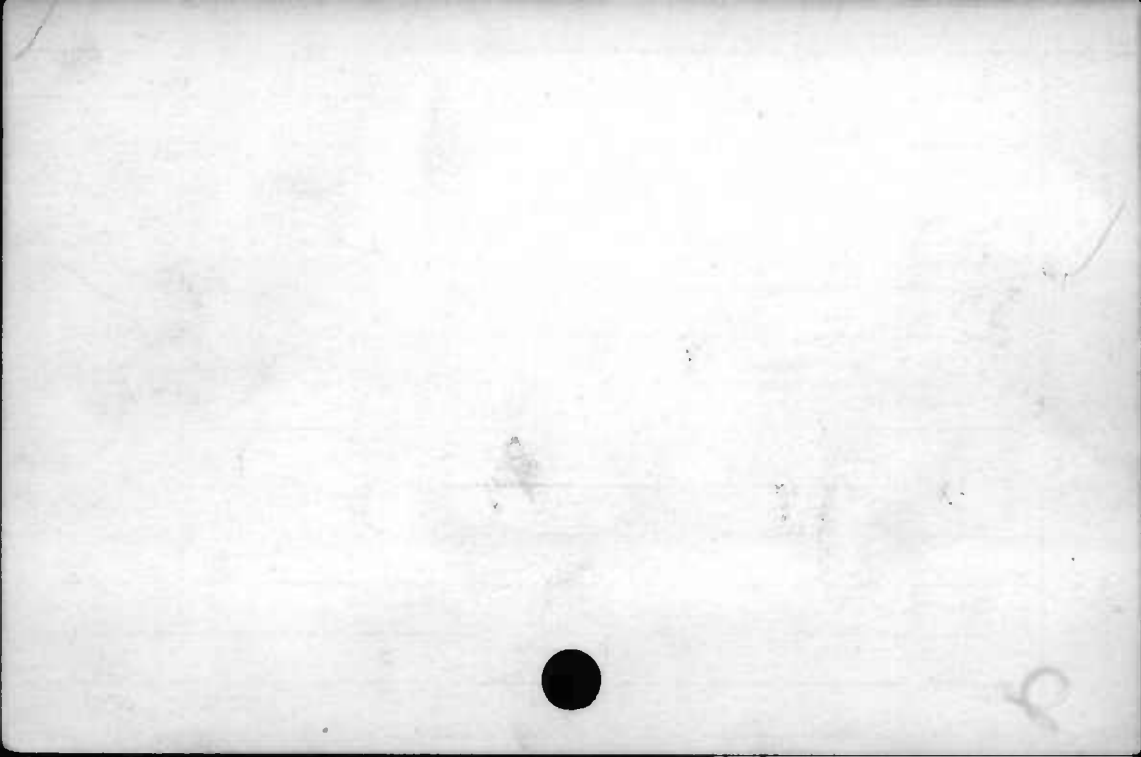
TO BE ANSWERED BY
NEAREST FRIEND

John Burnham		Town		County		MARYLAND	
Died at Green spring valley		Bolto Co					
Date of death	1906	Month	Oct	Day	8	Age	35
Sex Male		Color or Race white		Birth-place		Bolto	
Occupation Labor		Where Residing if not at place of death		Green spring valley			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Edw. Burnham		Father's Birthplace		Bolto Co.			
Mother's Maiden Name Hannah Bell		Mother's Birthplace		Bolto Co			
Name of person giving information Edw. Burnham		How related to deceased		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Struck by train	How long	166
Immediate	Instantaneous	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Acting Coroner William F. Coghlan	
		Address Pikeville	
		Mason	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary E. Butler</i>		Town <i>Freeland</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Freeland</i>		Date of death <i>1906 Oct 8</i>		Age <i>71</i>		Months <i>9</i> Days <i>21</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Thos. B. Butler</i>		Father's Birthplace <i>Balto</i>					
Mother's Maiden Name <i>Sophia M. Strickland</i>		Mother's Birthplace <i>Carroll Co.</i>					
Name of person giving information <i>W. M. B. Lee</i>		How related to deceased <i>Aunt</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Div Colitis</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Jas L. Gagle</i>
	Address <i>Wm. Freedom, Pa.</i>
Accident or Suicide? <i>—</i>	

Interment at Govane
Cemetery-

Govanston
Md-

Wednesday Oct. 10-1906.

Name
in
Full

Charity Arenath Carlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
White Hall		Baltimore					
Date of death 1906	Month	Day	Age	Years	Months	Days	
Oct	10	66	4	12			
Sex	Female	Color or Race	White	Birth-place	Balto. Co.		
Married, Single or Widowed	Married		Occupation				
Housewife							
Name of Wife or Husband	Josiah Carlin						
Father's Name	Thomas Lytle				Father's Birthplace	Balto Co	
Mother's Maiden Name	Charity Mc Cornay				Mother's Birthplace	Harford Co	
Name of person giving information	Laura Ward				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bilious Dysentery. 14	How long	4 weeks
Immediate	Inanition & General Failure	How long	1 to 2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. R. Mitchell.
		Address	Moulton, Md.
-Accident or Suicide?			



Name

in
Full

Edna G. Cavanaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Balto.		MARYLAND	
Date of death		190	6	Month	10	Day	31
Age		Years		Months		Days	
Sex		Female		Color or Race		White	
Occupation		None		Birth- place		Balto. Co.	
Where Residing if not at place of death				#1629 -3rd St.			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				James S. Cavanaugh			
Mother's Maiden Name				Alma Howard			
Name of person giving Information				James S. Cavanaugh			
Father's Birthplace				Balto.			
Mother's Birthplace				Balto.			
How related to deceased				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
Accident or Suicide?	

J. Herwig & Son.

#2008 Orleans St.

New Cathedral Cemetery

11 / 2 / 06

Name
in
Full

Irish Mary John Clark - (Lucretia Clark)

CERTIFICATE OF DEATH

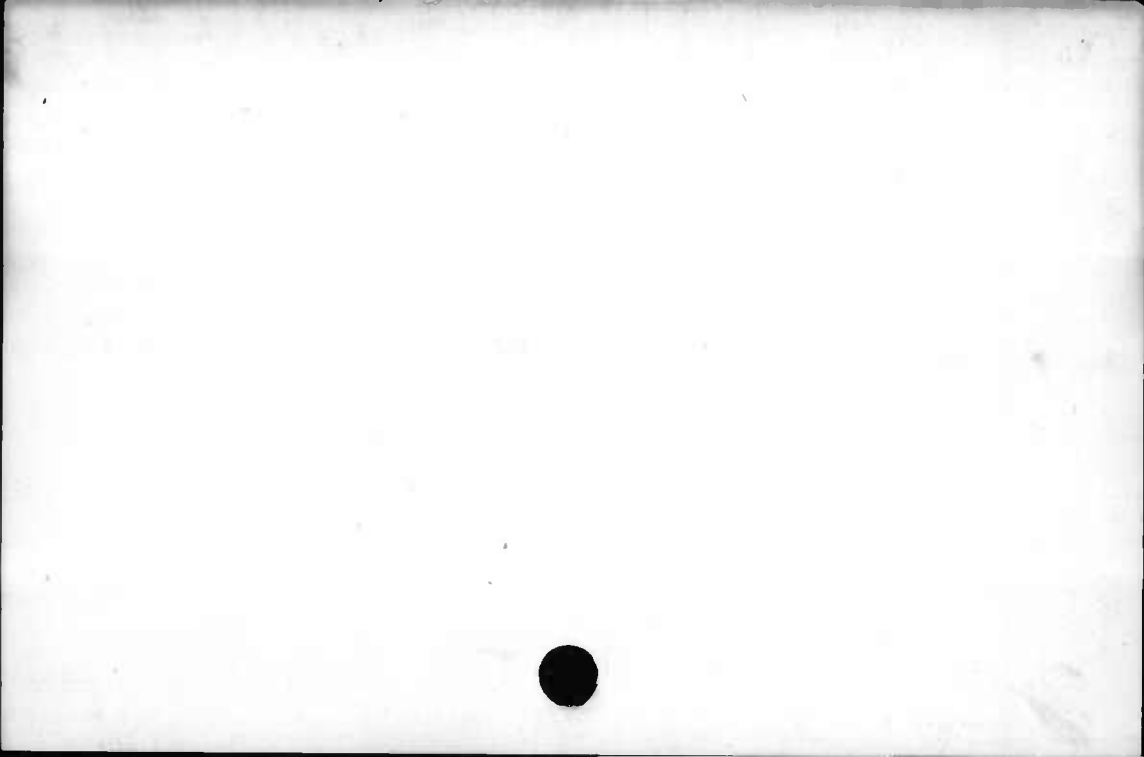
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct</i>	Day <i>11th</i>	Age <i>6-5-</i>	Years	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Religious -</i>	Where Residing if not at place of death <i>Washington D.C.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Reed, unknown</i>	(64)			How related to deceased <i>not at all</i>			

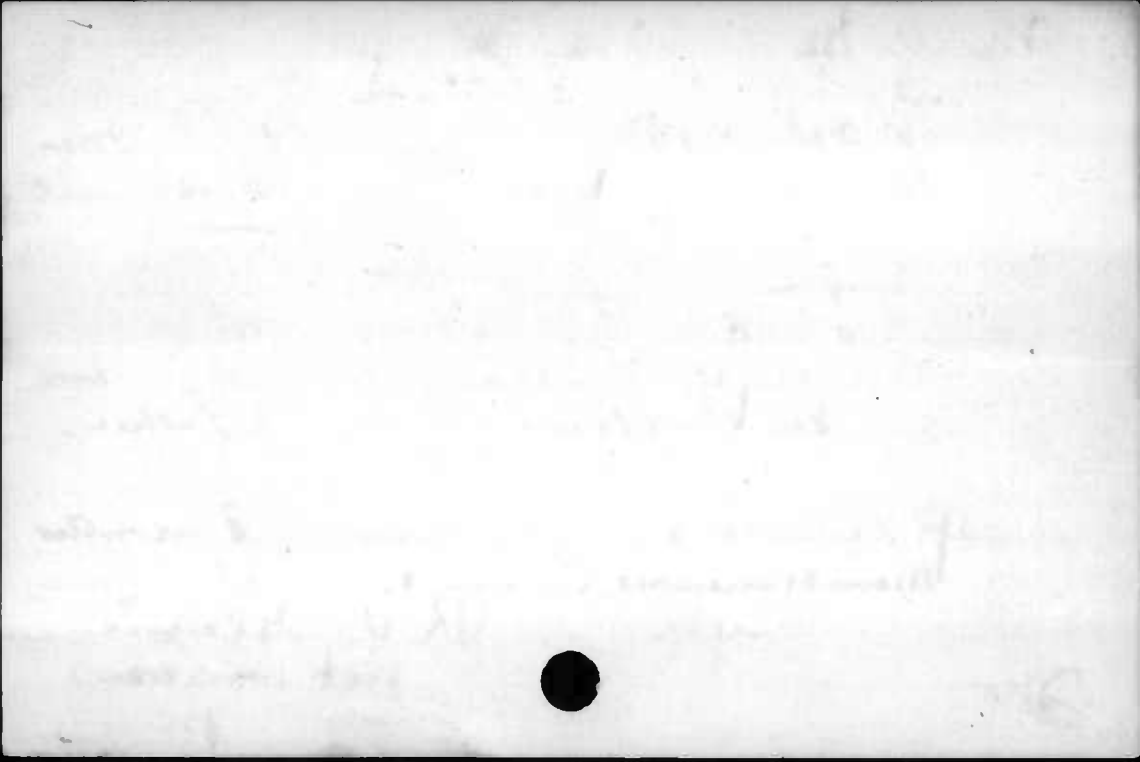
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Frumental Dementia</i>	How long <i>9 or 10 yrs -</i>
Immediate <i>Ex - Cerebral Congest. & Softening</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Mt. Hope Retreat</i>
	<i>Baltimore Co Md.</i>
Accident or Suicide? <i>8</i>	



Name in Full		Batharine E. Collett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	White Hall		Bach		MARYLAND		
	Date of death	1906	Month 10	Day 2	Age 47	Months 11	Days 9	
	Sex	Female		Color or Race	white		Birth-place	Md
	Occupation	Housewife			Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife Husband	William Collett			
	Father's Name	Edward Burns. (Deceased)				Father's Birthplace	Baltimore	
	Mother's Maiden Name	Margaret E. Burns. Stone				Mother's Birthplace	Pennsylvania	
	Name of person giving information	William Collett				How related to deceased	Husband	
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Bright's disease				How long	6 months	
	Immediate	Heart failure				How long	4 days	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	R. W. Harris		
					Address	Parkton Md		
	Accident or Suicide?							



Name
in
Full

Mistle H. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Winans		^{County} Baltimore		MARYLAND	
Date of death	1906	Month	Oct.	Day	17
Age		Years		Months	10
Sex		female		Color or Race	White
Occupation		—		Birthplace	Mt Winans
Where Residing if not at place of death		—			
Married, Single or Widowed		Single			
Name of Wife or Husband		—			
Father's Name		Geo Collins		Father's Birthplace	Mt Winans
Mother's Maiden Name		Mary V. Laithe		Mother's Birthplace	Mt Winans
Name of person giving information		Geo Collins		How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	3 months
Immediate	Membranous Croup	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. V. Blaine	
Address		Mt Winans	
Accident or Suicide?		no	

C. W. Collins
Rott Bros Undertakers
Western Cerr

Name
in
Full

August Conrades

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i>		Town		<i>Balto County</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>oct</i>	Day	<i>9</i>	Age	<i>68</i>	Years	<i>4</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months		Days <i>1</i>	
Occupation <i>✓</i>				Where Residing if not at place of death <i>Southern ave Gardenville</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>augusta Conrades</i>							
Father's Name <i>unknown</i>				Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>augusta Conrades</i>				How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of throat</i>	How long	<i>about 8 weeks</i>
Immediate	<i>Don't know</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Robert K. Kueas</i>	
		Address <i>1001 W. Lawrence St Balt. Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name **James Henry Creamer**

Died at **Mt Wmiana** - **Baltimore** County

Date of death **1906** Month **Oct.** Day **17** Age **40** Years Months **7** Days **0**

Sex **male** Color or Race **white** Birth-place **Baltimore Md.**

Occupation **Produce Dealer** Where Residing if not at place of death **—**

Married, Single or Widowed **—** Name of Wife - **Jane Creamer** Husband

Father's Name **John F. Creamer** Father's Birthplace **Washington D.C.**

Mother's Name **Mary E. Rutter** Mother's Birthplace **Franklin Md.**

Name of person giving information **William E. Kelly** How related to deceased **Step Son**

CAUSES OF DEATH

Primary **Pneumonic Phthisis** How long **18 days**

Immediate **nervous Exhaustion** How long **60 days**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **R. V. Glamm. M.D.**

Address **Mt Wmiana. Md.**

Accident or Suicide? **—**

Jos. B. Corp.

Western Cemetery

Name
in
Full

Ludwiga Lezizik

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Grange P. O. 13 Alto. County

Date of death 1906 Month 10 Day 1 Age 40 Years 10 Months Days

Sex Female Color or Race White Birth-place Russia

Occupation Housework Where Residing if not at place of death John Fitz Blum

Married, Single or Widowed Married Name of Wife or Husband Waicik Lezizik

Father's Name Unknown Father's Birthplace Russia

Mother's Maiden Name Unknown Mother's Birthplace Russia

Name of person giving information John Sakuski How related to deceased Brother

CAUSES OF DEATH

Primary Carcinoma of Uterus How long 1 1/2 yrs.

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address

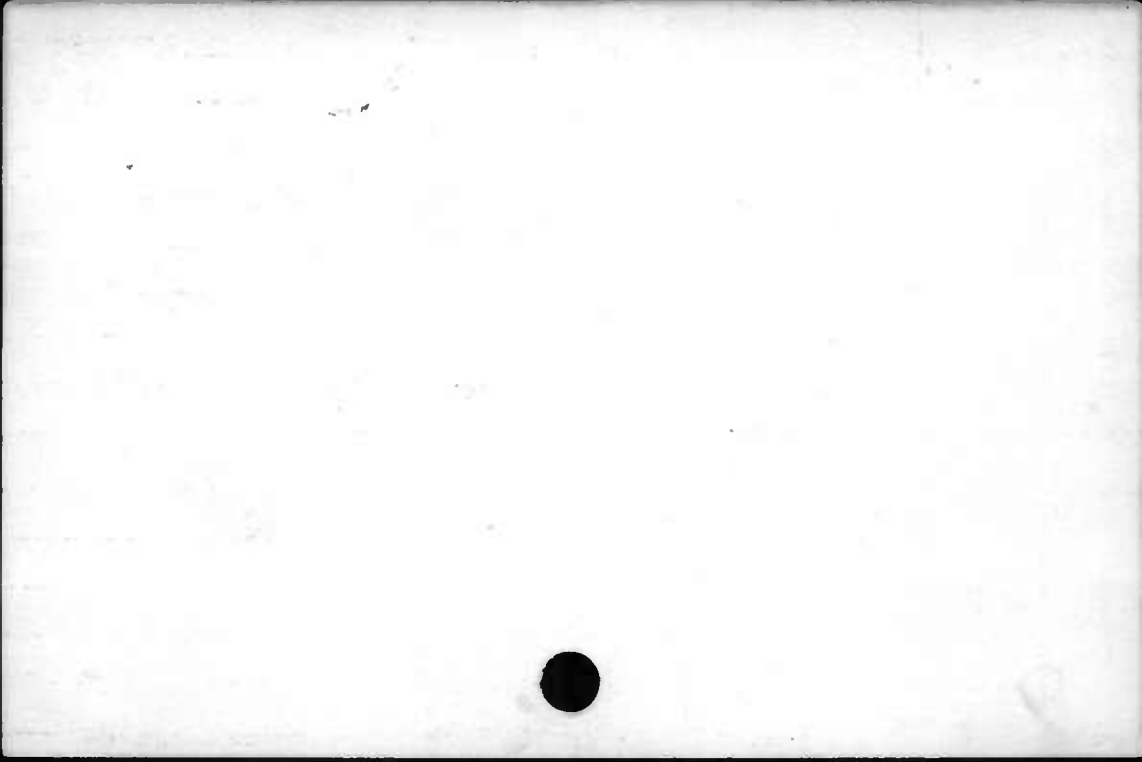
J. A. Glantz
41 Eastern Ave.PHYSICIAN
OR CORONER

Accident or Suicide?

J. Fialkowski

Oak Lawn Cenn—

Name in Full		Rebecca Deal				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Near Bentley		^{County} Baltimore		MARYLAND					
		Date of death	1906	Month	10	Day	21	Age	Years 83	Months 2	Days
		Sex	female		Color or Race	White		Birth-place	Pa		
		Occupation	Housekeeper			Where Residing if not at place of death				—	
		Married, Single or Widowed	Widow		Name of Wife or Husband		—				
		Father's Name	Charles Myers					Father's Birthplace	Pa.		
Mother's Maiden Name	Don't know					Mother's Birthplace	Don't know				
Name of person giving information	Charles Miller					How related to deceased	Son				
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary	Injury & Hip by falling				How long	4 weeks			
		Immediate	Shock with heart failure				How long	4 weeks			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	R R Morris				
						Address	Parkton Md				
		Accident or Suicide?									



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant daughter of Mr & Mrs. Thos. Deford

Died at ^{Town} Brooklynville ^{County} Balto Co MARYLAND

Date of death 1906 ^{Month} Oct ^{Day} 2 Age ^{Years} Still born ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Brooklynville

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Thomas Deford Father's Birthplace Balto

Mother's Maiden Name Beulah M. Smith (Deford) Mother's Birthplace Balto

Name of person giving information — How related to deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary appendicitis complicating preg How long six weeks

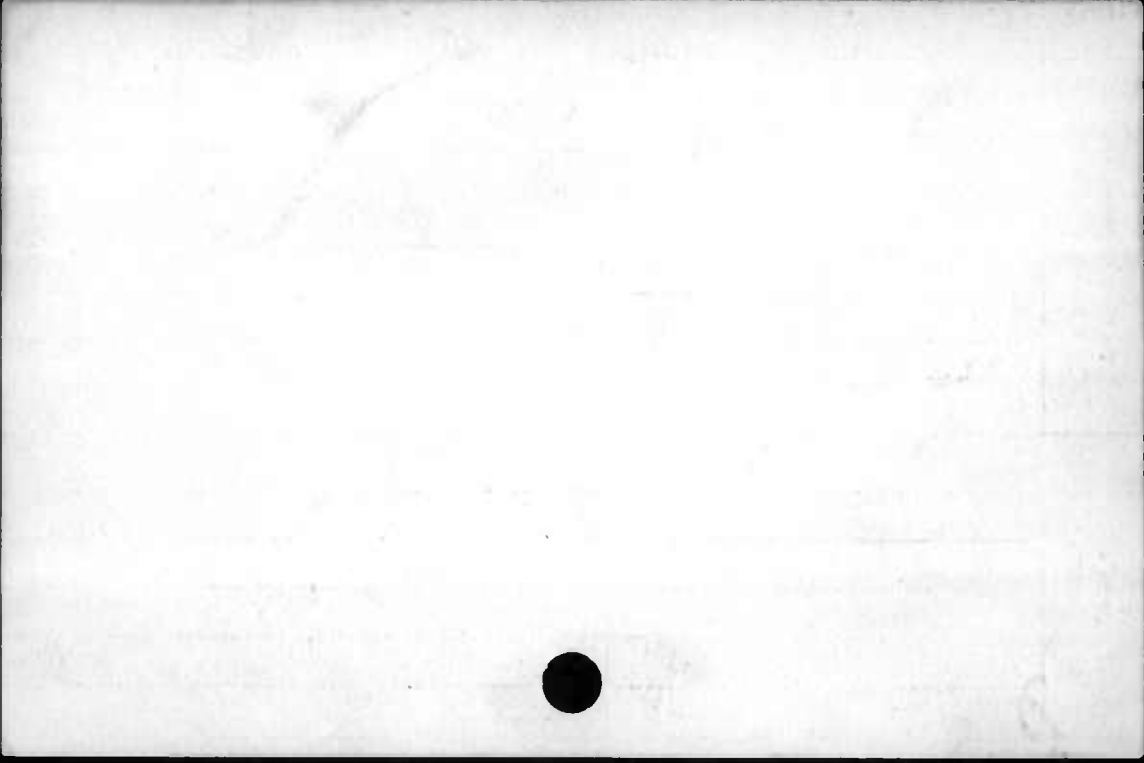
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician L. E. Neale M.D.

Address 108 E. Read St - Baltimore

Accident or Suicide? —



Name
in
Full

Myrtle J. Dellett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Barton TownBalto CountyDate of death 1906 Month OctDay 13Age 17 YearsMonths 9Days 8Sex FemaleColor or Race WhiteBirthplace Lancaster, Pa.

Occupation

Where Residing if not
at place of death17- O'Donnell St. ExMarried, Single
or WidowedSingleName of Wife or
HusbandFather's
NameCharles E. DellettFather's
BirthplaceLancaster PaMother's
Maiden NameElizabeth A. LeonardMother's
Birthplace" "Name of person giving
InformationChas. E. DellettHow related
to deceasedFather

CAUSES OF DEATH

Primary

Typhoid Fever

How long

14 days

Immediate

Perforation Intestines

How long

2 1/2 hoursAre the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianC. N. Atkey

Address

#2, Hudson St. ExPHYSICIAN
OR CORONER

Accident or Suicide?

Zukler + Zukler

1739 E. Egan St.

Lancaster, Pa, Oct. 16-06

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *J. Frederick Demele*

Died at *Calumville* Town *Bath* County

Date of death *1906* Month *Oct* Day *17* Age *73* Years Months *11* Days

Sex *Male* Color or Race *White* Birthplace *Germany*

Occupation *Labourer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Anna Barbara*

Father's Name *Not known* Father's Birthplace

Mother's Maiden Name *u y* Mother's Birthplace

Name of person giving information *John Demele* How related to deceased *Son*

CAUSES OF DEATH

Primary *Ch Interstitial Nephritis* How long *120* *4 yrs*

Immediate *Coma* How long *few hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Austin M. Dempsey</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Pikesville</i>		<i>1905 10 4</i>		<i>85</i>		<i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balt. City</i>			
Occupation <i>Harney Maker</i>		Where Residing if not at place of death <i>Pikesville Md.</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>H. H. Matthews</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	<i>61</i>	How long <i>several months</i>
Immediate <i>Myocarditis</i>		How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. E. Mason</i>
		Address <i>Pikesville Md.</i>
Accident or Suicide? <i>No</i>		

Bury at
London Park
for
Kraft

BRANDIA

Name
in
Full

Eleanor C. DeVere

CERTIFICATE OF DEATH

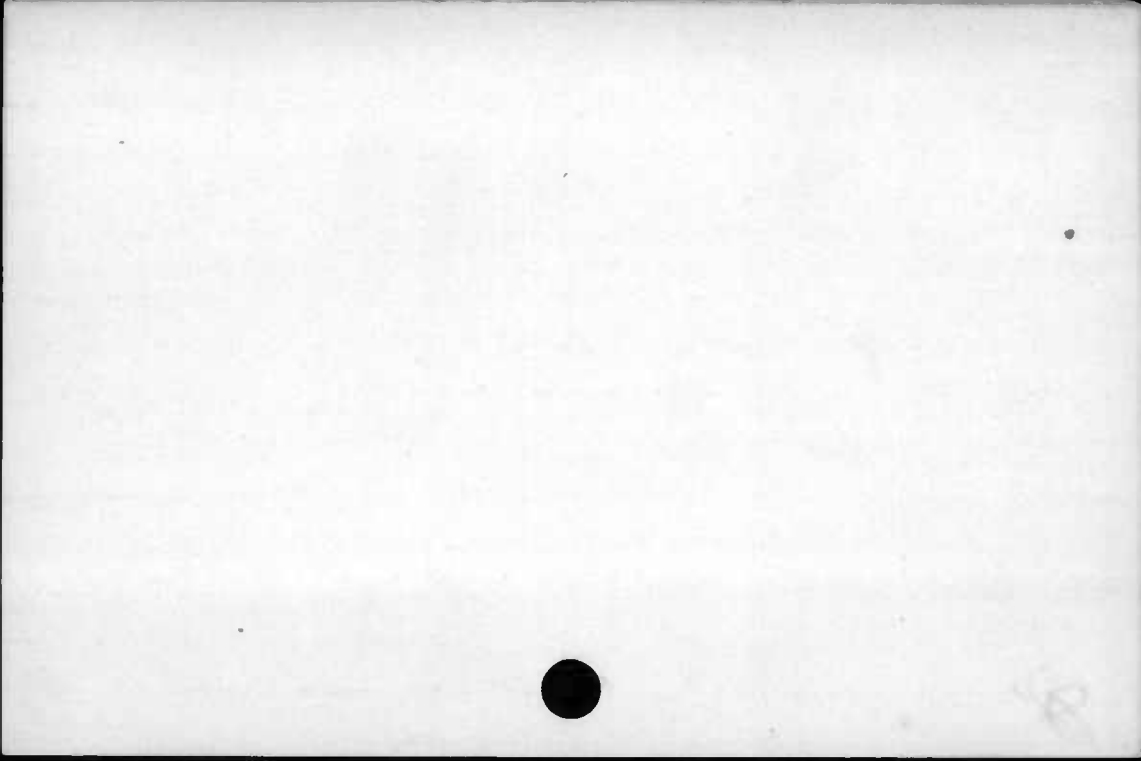
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death 190		Month Oct	Day 29	Age 67	Months 1	Days 2	
Sex Female		Color or Race White			Birth- place Maryland		
Married, Single or Widowed		Single			Occupation None		
Name of Wife or Husband							
Father's Name William DeVere				Father's Birthplace Maryland			
Mother's Maiden Name Sarah Jones				Mother's Birthplace Maryland			
Name of person giving In formation Mrs Sarah M Day				How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma	How long 1 year
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		J. Whiteley
Address		Catonsville Maryland
Accident or Suicide?		



Name
in
Full

Infant of Joseph & Carrie Diesel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Canton* Town*Balto.* County

MARYLAND

Date
of death *1906* Month *Oct.*Day *10*

Age Years

Months

Days *6 hours*Sex *Female*Color or
Race *white*Birth-
place *Balto*

Occupation

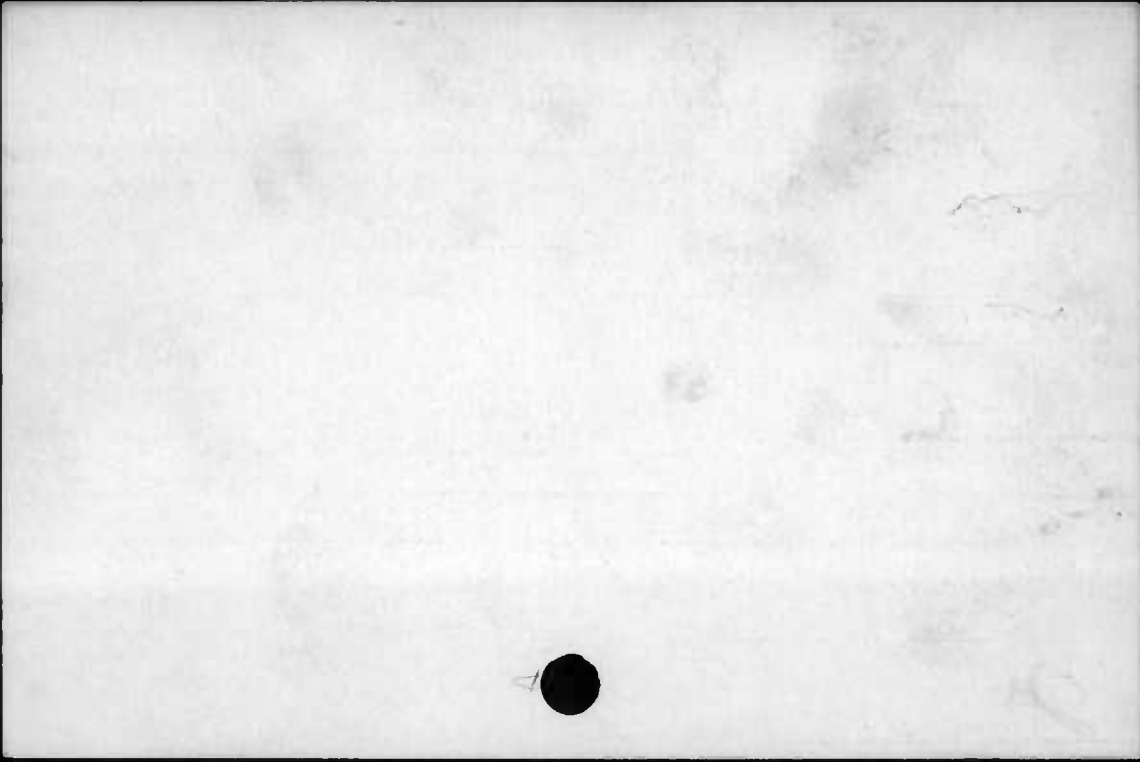
Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name *Joseph Diesel*Father's
Birthplace *Balto*Mother's
Maiden Name *Caroline Ricketts*Mother's
Birthplace *Germany*Name of person giving
in formation *Joseph Diesel*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Inanition*How long *7 hours*Immediate *Asphyxia*How long *7 hours*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *Edw. A. Conrad M.D.*Address *2221 E. Balt. Pk.**Baltimore, Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Barbara Dittrich

CERTIFICATE OF DEATH

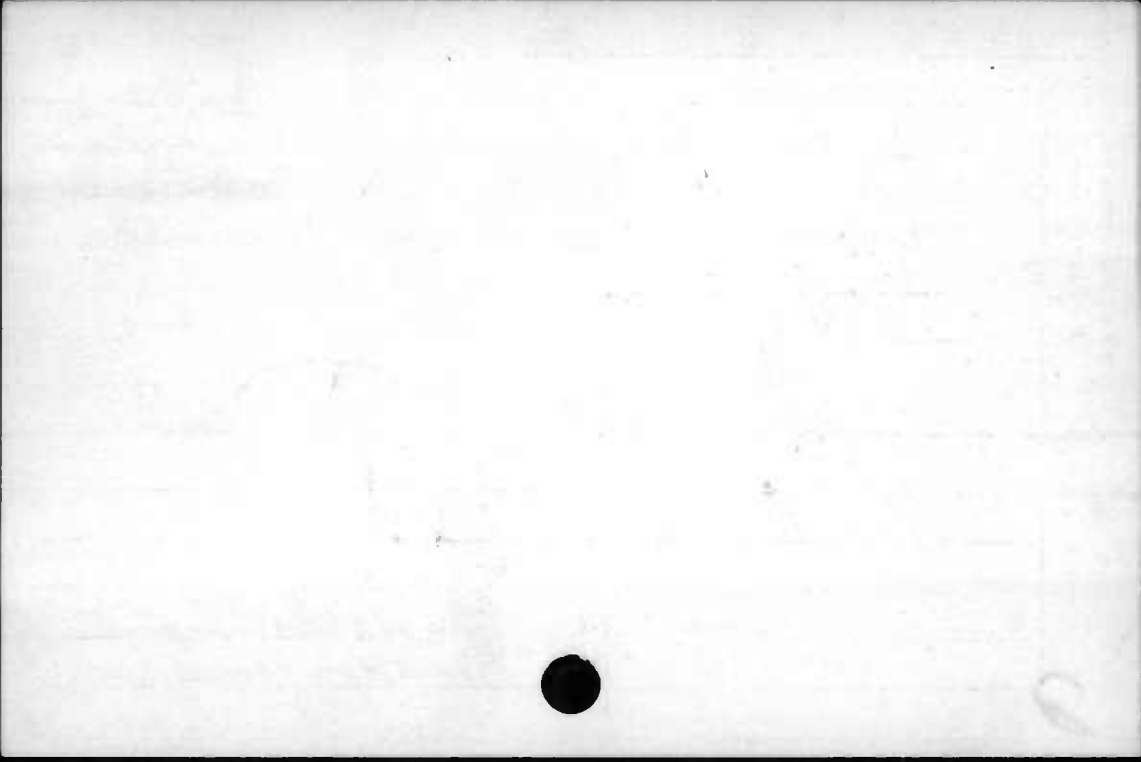
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>October</i>	Day	<i>24th</i>
Age	<i>1</i>	Years		Months	<i>8</i>
				Days	<i>11</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Highlandtown</i>
Occupation	<i>none</i>	Where Residing if not at place of death <i>218 Foster Ave.</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Frederick Dittrich</i>		Father's Birthplace <i>Balto. City</i>	
Mother's Maiden Name		<i>Pizzi Anfang</i>		Mother's Birthplace <i>Balto. City</i>	
Name of person giving information		<i>Frederick Dittrich</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long	<i>17 days</i>
Immediate	<i>Asphyxia Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Robt H. Darrah M.D.</i>	
		Address	
		<i>124 Jackson Square</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

William J. Donnelly

CERTIFICATE OF DEATH

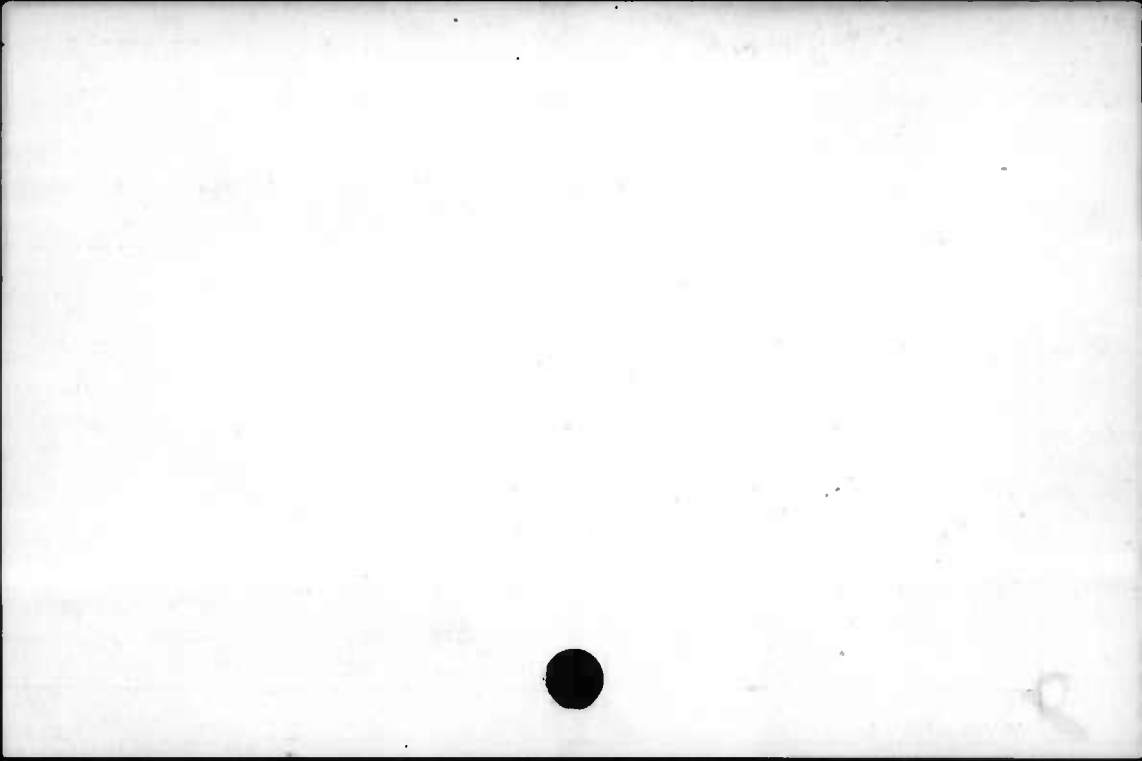
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland town</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906 Oct 8</i> ^{Month Day}		<i>59</i> ^{Years}		<i>2</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore City Md</i>	
Occupation <i>Labourer.</i>		Where Residing if not at place of death <i>909 Patomas St</i>			
Married, Single or Widowed <i>Widower.</i>		Name of Wife or Husband <i>Mary B. Donnelly.</i>			
Father's Name <i>_____</i>		Father's Birthplace <i>_____</i>			
Mother's Maiden Name <i>_____</i>		Mother's Birthplace <i>_____</i>			
Name of person giving information <i>Chas. Hesse.</i>		How related to deceased <i>Nephew.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Failure</i>	How long	<i>179</i>
Immediate	<i>_____</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>David A. Thompson (Coroner)</i>	
<i>_____</i>		Address <i>1800 Highland Ave</i>	
<i>_____</i>		<i>Baltimore County Md</i>	
Accident or Suicide? <i>_____</i>			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrisonville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1906	Month	Oct	Day	7
Age	72	Years	8	Months	5 Days
Sex	Male	Color or Race	White	Birth-place	Howard Co Md
Occupation	<i>Miner</i>				
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband <i>Frances A Key</i>				
Father's Name	<i>James Horsey</i>			Father's Birthplace	<i>Not Known</i>
Mother's Maiden Name	<i>Luciana V Brooke</i>			Mother's Birthplace	<i>Not Known</i>
Name of person giving information	<i>Luciana Horsey</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysphagia</i>	How long	<i>1</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>R. H. Stokes</i>		
Address	<i>Harrisonville</i>		
Accident or Suicide?			

Bury out
London Park

For
C. H. Craft
Undertaker

Name
in
Full

Laura a Wells Worsey -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1906	Month	10	Day	11
Age		26		Years	
Sex	Female		Color or Race	White	
Occupation	Hand on shirts		Where Residing if not at place of death	1202 Third St	
Married, Single or Widowed	sworn		Name of Wife or Husband	Elmer. H. Worsey -	
Father's Name	David St. Burgan			Father's Birthplace	Ind.
Mother's Maiden Name	Mary J. Worsey			Mother's Birthplace	Baltimore
Name of person giving information	James St. Graham			How related to deceased	Step father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Peritonitis</i>	How long	<i>5 da.</i>
Immediate	<i>abscess on ovary</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. L. Moxley M.D.</i>
		Address	<i>3 and 1/2 South Highlandtown</i>
Accident or Suicide?	<i>No</i>		

H. I. Hughes
Oak Lawn Cemetery.

Name
in
Full

Caroline E. Durr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Goraustown^{County} Baltimore

MARYLAND

Date of death 1906

Month Oct

Day 11

Age 72

Months 8

Days

Sex Female

Color or Race White

Birthplace Germany

Occupation

Where Residing if not at place of death

Goraustown

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

John Durr

How related to deceased Son

CAUSES OF DEATH

Primary Rheumatism

How long 15 years

Immediate Heart weakness

How long 1/2 hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. H. Deaneau

Address

Goraustown

md

Accident or Suicide?

George Bant
594 St Biddle 81

London Park
Cemetery

Name in Full

Certificate of Death

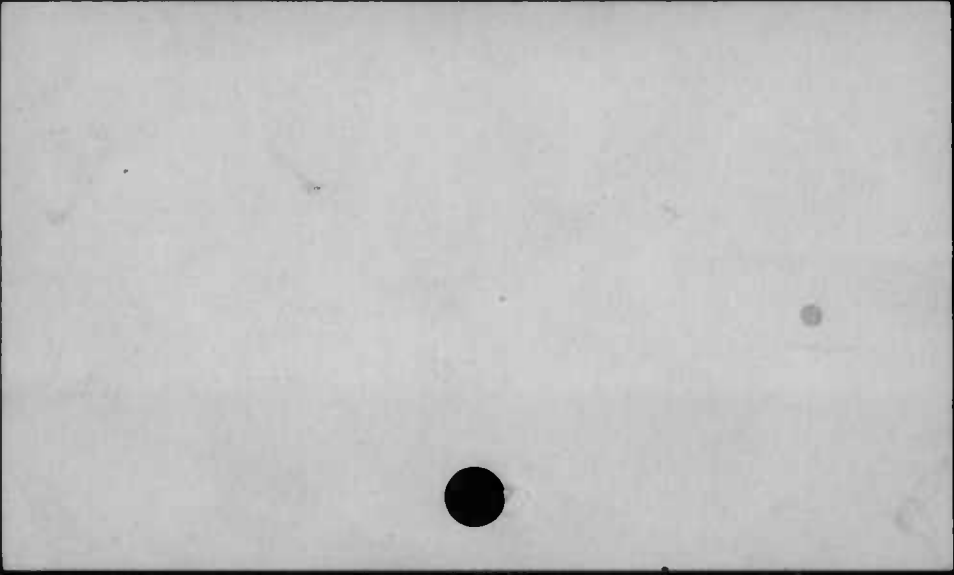
Sophronia Lyson
 Town *Shepherd* County *Balte* MARYLAND
 Died at
 Date *1901* Month *10* Day *15* Age *16* Y. *5* M. *5* D. *5* Native of *Virginia* Occupation *School*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living *0*

Husband of *Mathias Lyson*
 Wife of *Mathias Lyson*
 Father's Name *Mathias Lyson* Mother's Name *Mary J. Lyson*

Cause of Death { Primary *Tuberculosis* Immediate *Exhaustion* } How long sick *6 months*
 Accident, Suicide, Homicide

Reported by *J. T. Payne M.D.*
 Address *Sunnybrook Balte Co Md*

Must be signed by physician, if any in attendance, or otherwise by coroner, undertaker or minister.



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westport		County Balti		MARYLAND		
Date of death		1906	Month Oct	Day 8	Age 38	Years 6	Months	Days
Sex Female		Color or Race White		Birth-place				
Occupation				Where Residing if not at place of death Md				
Married, Single or Widowed		Married		Name of Wife or Husband		Geo. East		
Father's Name		Conrad Albrother				Father's Birthplace		Md
Mother's Maiden Name		Baroline Powell				Mother's Birthplace		Md
Name of person giving information		Geo East				How related to deceased		Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	4 weeks
Immediate	Heart failure		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Wm. Cornblith	
Accident or Suicide?		No	Address 1704 Madison Ave Baltimore Md	

1 Lomb

1704 Madras an

Name in Full		Thomas Elwood				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Age	Years	Months Days
	Sex		Color or Race		Birth-place		
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name				Father's Birthplace		
PHYSICIAN OR CORONER	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
	CAUSES OF DEATH						
	Primary				How long		
Immediate				How long			
Are the name, sex, color, date and place of birth given above?				Signature of Physician			
Accident or Suicide?				Address			

Balw. Co. Alushouse

1906 10 20 87

Male white

Infirmities of old age

154

Dr. T. C. Bussey
Texas
Md

To be assessed at
St Joseph's
Texas

by Error & Price

Name in Full		George S. Eusor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Butler ^{Town}		Baltimore ^{County}		MARYLAND
	Date of death	1906	Month	10	Day	15	Age
					Years	84.	Months
						4	Days
	Sex	male		Color or Race	White		Birth-place
							Butler md.
	Occupation	Farmer		Where Residing if not at place of death		Butler md.	
	Married, Single or Widowed		Name or Wife or Husband		Vellah Eusor		
PHYSICIAN OR CORONER	Father's Name		John Eusor		Father's Birthplace		
					Butler md		
	Mother's Maiden Name		Nellie Smith		Mother's Birthplace		
					Belfast Md.		
	Name of person giving information		Canoll Eusor		How related to deceased		
				Son			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Influenza		How long		
					Three weeks		
	Immediate		Heart failure		How long		
					24 hours		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				J. B. Drach md			
				Address			
				Butler, md			
				Accident or Suicide?			

Interment at Black
Rock Cemetery Co.
17th

M. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

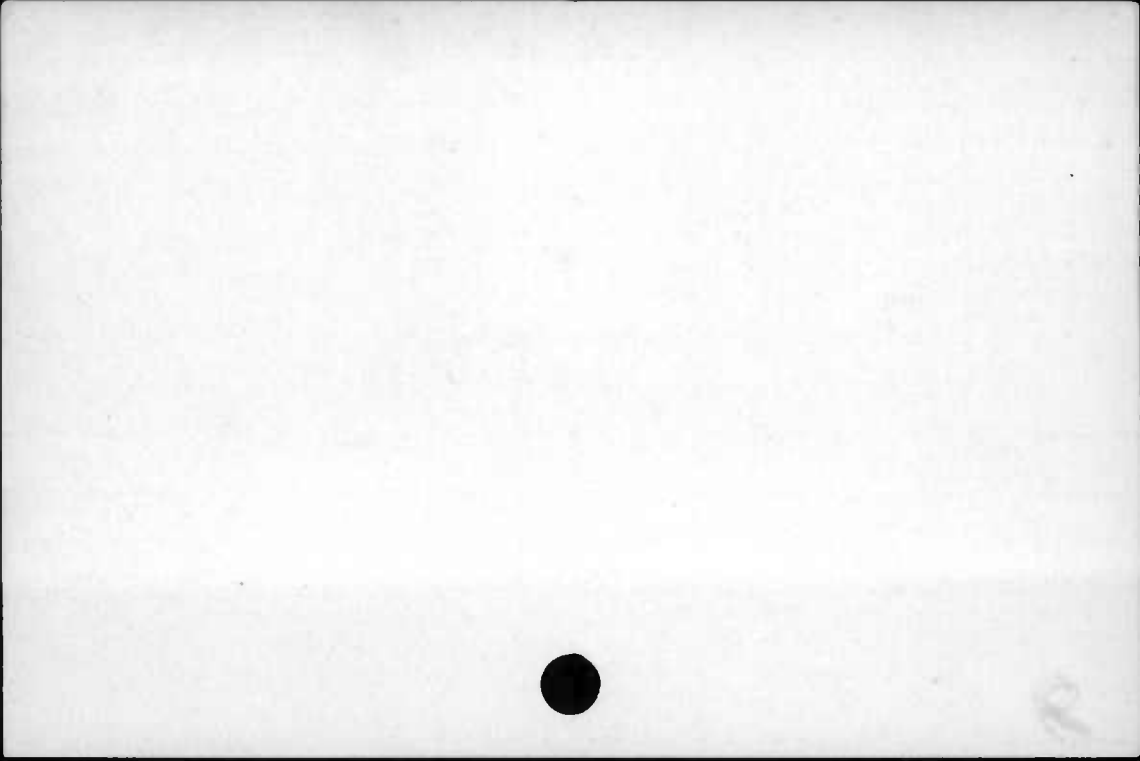
TO BE ANSWERED BY
NEAREST FRIEND

John Clark Farran				County		Baltimore		MARYLAND	
Died at		County		Town		County			
Date of death		1906		Month		Oct.		Day	
		11		Age		27		Years	
Sex		Male		Color or Race		White		Birth-place	
								Baltimore, Md.	
Occupation				Where Residing if not at place of death					
Travelling Salesman									
Married, Single or Widowed				Name of Wife or Husband					
Single									
Father's Name				Father's Birthplace					
J. F. Farran				Pittsburg, Pa.					
Mother's Maiden Name				Mother's Birthplace					
Pauline V. Martin				Baltimore, Md.					
Name of person giving information				How related to deceased					
John Clark Farran				Deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	27	How long	higher nos.
Immediate	Exhaustion	How long		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		W. Shaw.			
		Address			
		St. Agnes Hospital.			
Accident or Suicide?					



Name
in
Full

Theresa Fischer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Easton</i>		County <i>Balto.</i>		MARYLAND	
Date of death		1906	Month <i>Oct.</i>	Day <i>1st</i>	Age <i>2</i>	Months <i>2</i>	Days <i>8</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Frank Fischer</i>		Father's Birthplace <i>Balto Co.</i>					
Mother's Maiden Name <i>Annie Ameling</i>		Mother's Birthplace <i>Balto Md.</i>					
Name of person giving information <i>Frank Fischer</i>		How related to deceased <i>Father.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>2 weeks</i>
Immediate	<i>Intestinal Hemorrhage</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. H. H.</i>	
		Address <i>2 Hudson St. Balto.</i>	
Accident or Suicide?			

St Alphonsus Cemetery

Oct 2nd 1906.

Germanus France

Name
In
Full

Adeline Fox

CERTIFICATE OF DEATH

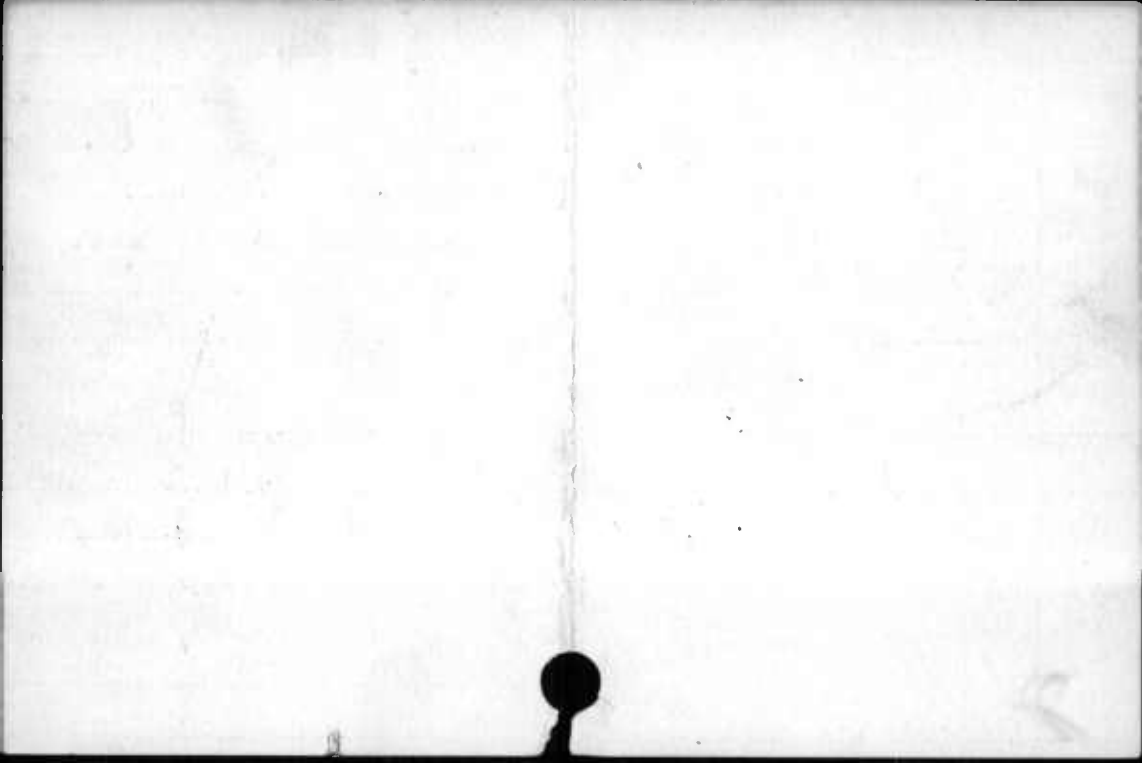
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Perry Hall		Baltimore					
Date	Month	Day	Years	Months	Days		
of death	1906	October	22	Age	65	6	12
Sex	Female		Color or Race	White		Birth-place	Greenwood Balto. County
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Widow		Name of Wife or Husband		
			George Fox				
Father's Name			James Coe		Father's Birthplace		
					Balto. County		
Mother's Maiden Name			Louisa Scarf		Mother's Birthplace		
					Harford County		
Name of person giving information			John T. Coe		How related to deceased		
					nephew.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	10 years -
Immediate	Senesile tuberculosis	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Jno. S. Green, M.D.	
		Address	
		Hillings	
Accident or Suicide?			



Name
in
Full

Mellie L. France

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

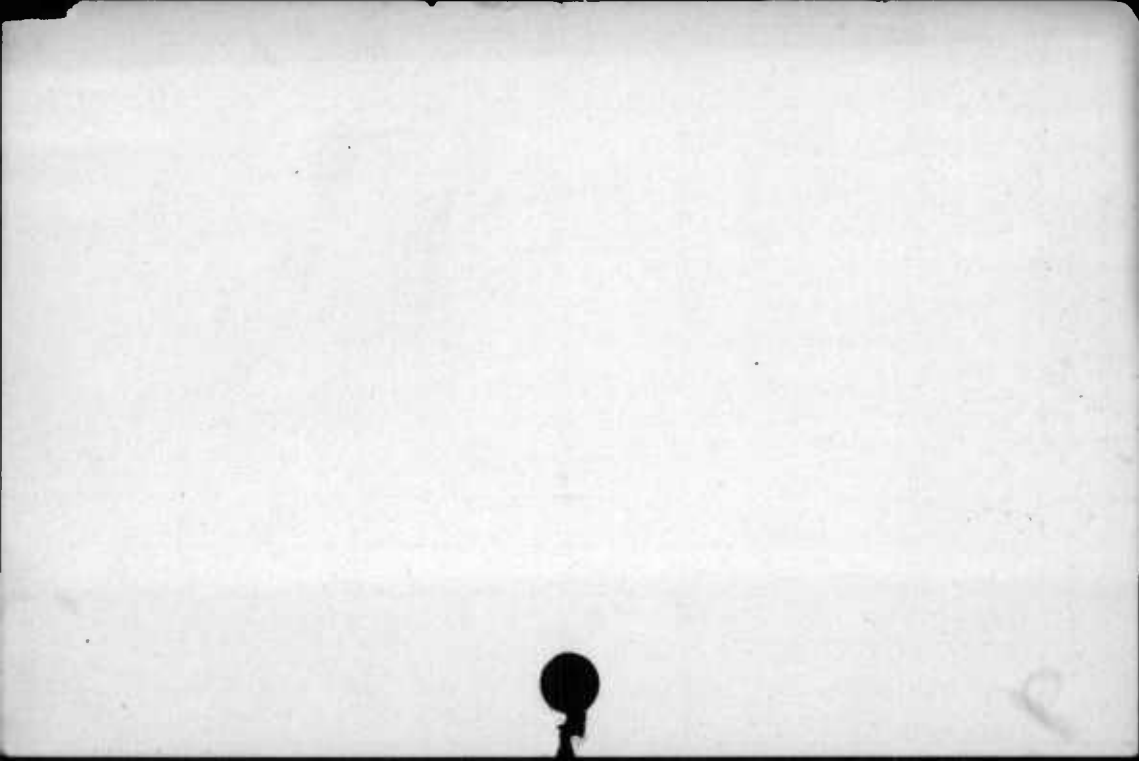
Died at <u>Arlington</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1906	Month	10	Day	2
Sex	Female	Color or Race	White	Age	1
Occupation	_____		Birth-place	<u>Westminster</u>	
Where Residing if not at place of death			<u>Arlington</u>		
Married, Single or Widowed	_____		Name of Wife or Husband	_____	
Father's Name	<u>Samuel France</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Bertha Hook</u>		Mother's Birthplace	<u>6</u>	
Name of person giving information	<u>Saml. France</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Diarrhea & Marasmus</u>	How long	<u>4 mos.</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 weeks.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. B. Cox M.D.</u>
		Address	<u>Arlington</u>
Accident or Suicide?	<input type="checkbox"/>		



Name
in
Full

Berthie
Bernadine *Bannon*

CERTIFICATE OF DEATH

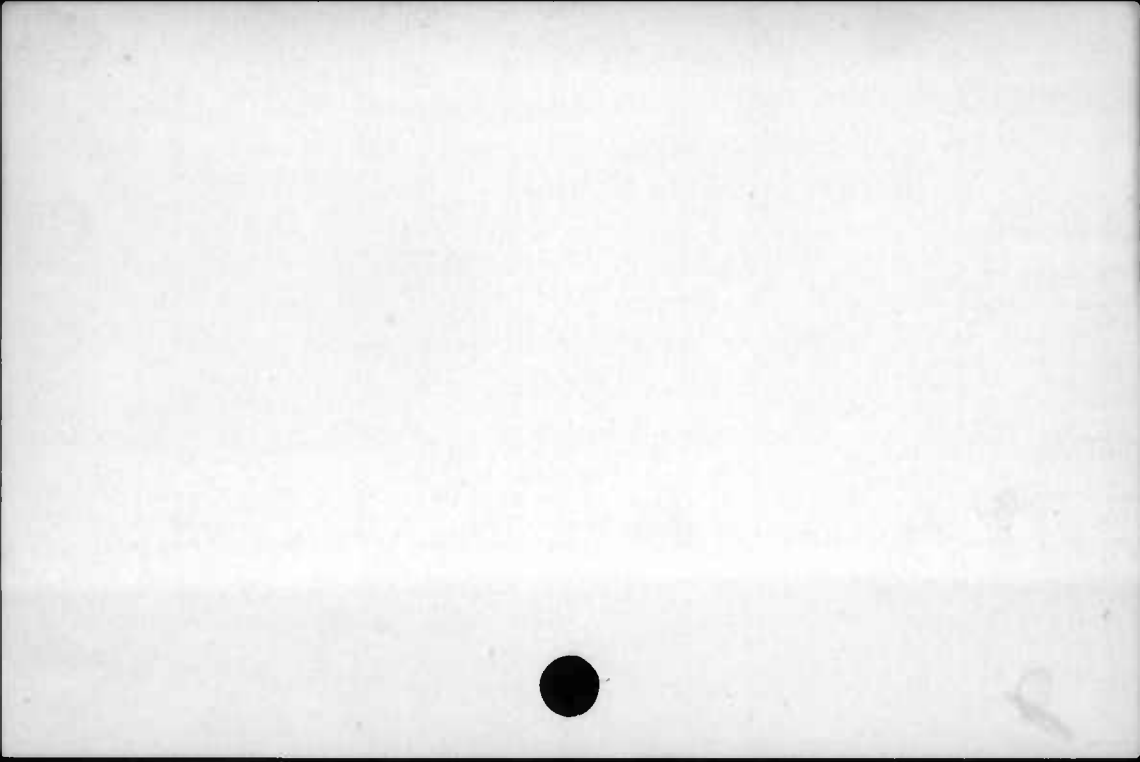
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calonsville</i> Town <i>Bath</i> County		MARYLAND	
Date of death	190 <i>6</i> Month <i>Oct</i> Day <i>17</i> Age <i>2</i> Years	Months <i>6</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Calonsville</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>William Bannon</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Katherine Loughlin</i>		Mother's Birthplace	
Name of person giving information <i>Bannon</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Oedema of Lungs</i>	How long <i>few hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Robt M. Atfield</i>
	Address <i>Calonsville, Md</i>
Accident or Suicide?	



Name
in
Full

George W. Gengnagel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Balto.		MARYLAND	
Date of death		1906	Month 10	Day 30	Age Years 23	Months 1	Days 4
Sex Male		Color or Race White		Birth- place Balto. County			
Occupation Butcher		Where Residing if not at place of death #1201 -3rd. St.					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Geo. W. Gengnagel		Father's Birthplace Balto.					
Mother's Maiden Name Sophia Maasch		Mother's Birthplace Balto.					
Name of parson giving In formation Geo. W. Gengnagel		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infected wound of nose	How long	1 wk -
Immediate	Septic Meningitis	How long	3 days -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thos R C Bruns
		Address	1713 Park St Balto.
Accident or Suicide?			

J. Herwig & Son.

#2008 Orleans St.

Baltimore Cemetery

11 / 2 / 06

Mollie Edna Glascoe
 Died at *Philadelpia* ^{Town} *Baltimore* ^{County} *MARYLAND*
 Date 19 *06* Month *Oct.* Day *10* Y. *26* M. *26* D. *26* Native of *Townsville*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widowed ~~Widower~~ Divorced ~~Number of children living~~ *2*

Husband of *Travis Glascoe*
 Wife
 Father's Name *Fredrick Gustaf* Mother's Maiden Name *Olivia Johnson*
 Cause of Death { Primary *Pulmonary tuberculosis* Immediate
 How long sick *12 weeks*
 Accident, Suicide, Homicide

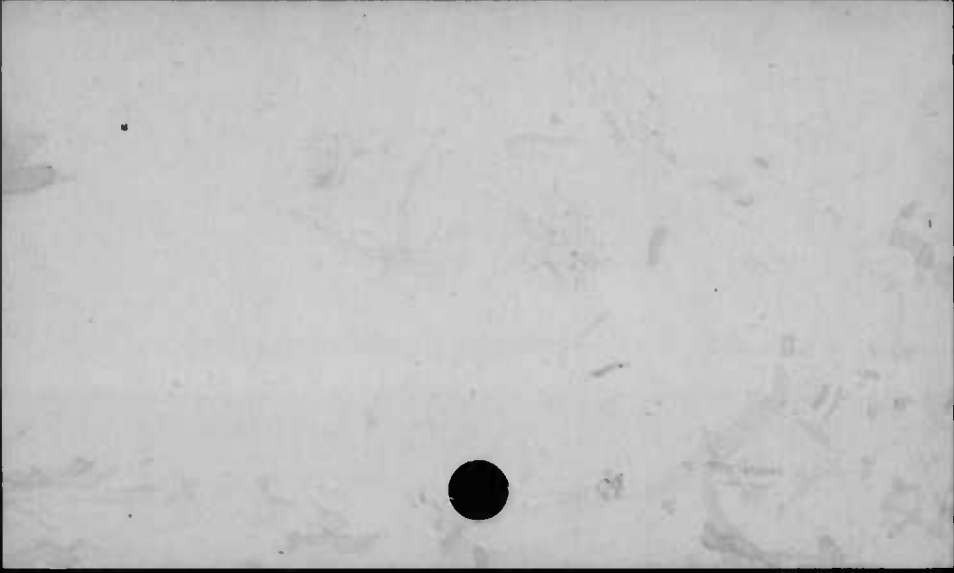
Reported by

B. M. Shuman M. H.

Admitted

Glascoe Ind.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas Iron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Woodlawn Sta ^{County} Balto

Date of death 1906 ^{Month} Oct ^{Day} 28th ^{Years} Age 22

Months Days

Sex Male Color or Race Black Birth-place Woodlawn Sta

Occupation Janitor Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Thomas Iron

Father's Birthplace Md

Mother's Maiden Name Susan Iron

Mother's Birthplace Md

Name of person giving information A. C. Smith

How related to deceased none

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Mitral Insufficiency

How long 3 months

Immediate Acute Peritonitis

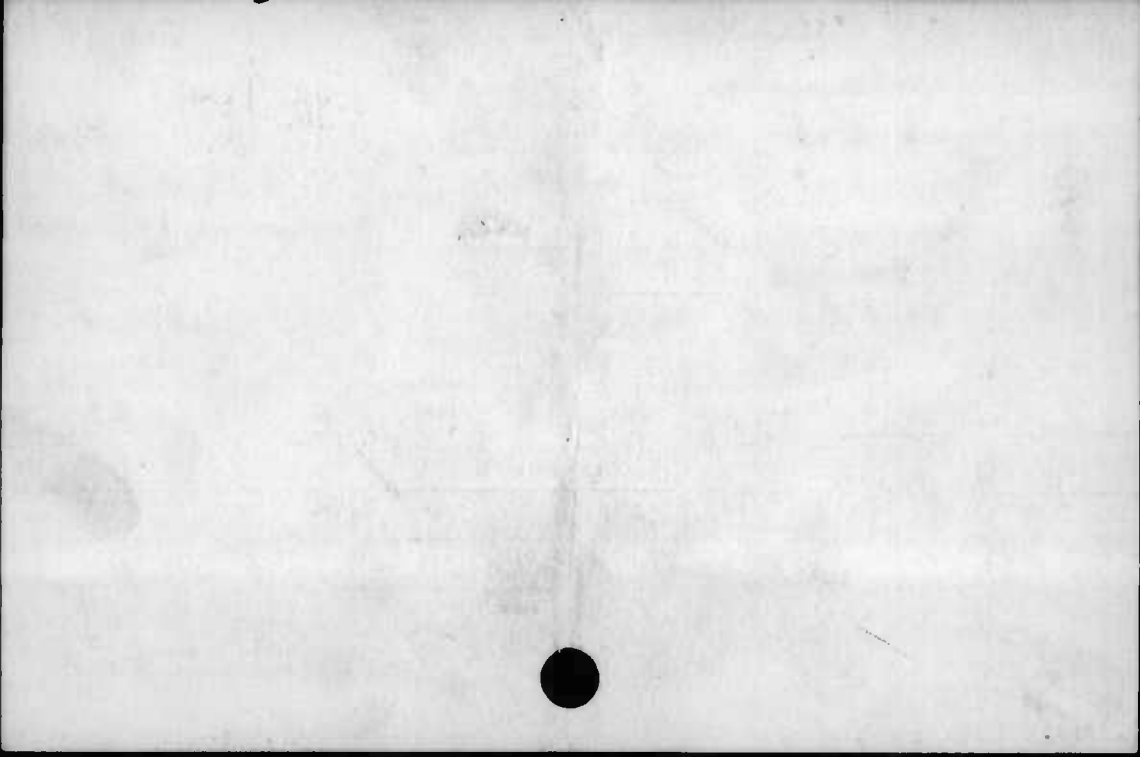
How long 1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician A. C. Smith

Address Woodlawn Sta.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Daniel M. R. Gray</i>				Town		County		MARYLAND			
Died at <i>506 New Boundary Ave</i>											
Date of death <i>1906</i>		Month <i>Oct-31</i>		Day		Years <i>50</i>		Months <i>2</i>		Days <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Balto Md</i>							
Occupation <i>clerk</i>				Where Residing if not at place of death <i>506 New Boundary Ave.</i>							
Married, Single <i>Married</i>				Name of Wife or Husband							
Father's Name <i>Charles E Gray</i>				Father's Birthplace <i>Balto Md</i>							
Mother's Maiden Name <i>Mary E Reese</i>				Mother's Birthplace <i>Balto Md</i>							
Name of person giving information <i>Honi Gray</i>				(64)				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>		How long <i>25 days</i>	
Immediate <i>Respiratory Failure</i>		How long <i>2 "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Howard W. Jones</i>	
		Address <i>Irvington</i>	
Accident or Suicide? <i>No</i>			

Geo J Smith Co
1000 N. Fagella St
London
Park

Name
in
Full

Gordon Winslow Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Govanston</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death 190 ^{Month} <i>October</i>		^{Day} <i>21st</i>		^{Years} <i>63</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Book-keeper</i>		Where Residing if not at place of death <i>Govanston</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary R. Brown</i>			
Father's Name <i>Nicholas H. Brown</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary M. Bowie</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Frederick J. Brown</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Heart disease</i>	How long <i>two years</i>
	Immediate	<i>Heart disease</i>	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Michael P. Kehoe</i>
	Address <i>Justice of the Peace</i>		
Accident or Suicide? <i>Accident</i>		<i>Coroner</i>	

H. C. Windifield
London Park Cemetery

Name *Lamie Gross*
In Full

CERTIFICATE OF DEATH

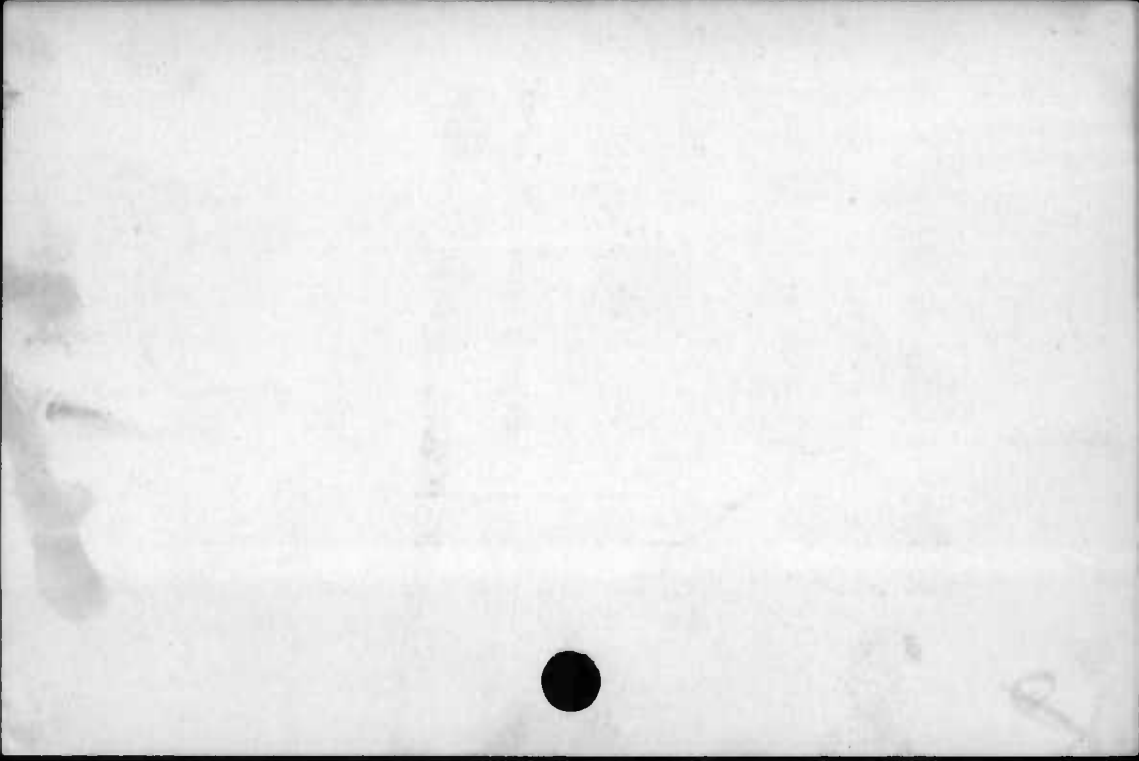
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1906</i>	<i>Oct</i> Month	<i>1</i> Day	Age <i>23</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Balto Md</i>			
Occupation <i>Laundress</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Geo Washington</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Hannah Bell</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Kellie Hill</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Phthisis</i>	<i>(27)</i>	How long <i>About 3 weeks</i>
Immediate <i>Cardiac failure</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. G. Leussell M.D.</i>	Address <i>4124 East 23 St,</i>
Accident or Suicide?		



Name
in
Full

Mary Ellen Hagarty.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Catonsville		Baltimore		MARYLAND	
Date of death		1906	Oct	19	Age	73	
Sex	female	Color or Race	white	Birthplace	Ireland		
Occupation	Housewife			Where Residing if not at place of death	Catonsville Md		
Married, Single or Widowed	Married			Name of Wife or Husband	E. Hagarty		
Father's Name	Bernard Mc quid				Father's Birthplace	Ireland	
Mother's Maiden Name	Annie				Mother's Birthplace	"	
Name of person giving information	Mary Lockett				How related to deceased	Daughter	

CAUSES OF DEATH

Primary	Left. Hemiflegia	How long	3 weeks
Immediate	Asthenia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Marshall B. West.
yes		Address	Catonsville Md.
Accident or Suicide?			

John J. Cowan
Bonnie Bray.

Name
in
Full

Mary Halligan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Orkeyville Orkeyville County Orkeyville Orkeyville Maryland

Date of death 1906 Oct 7 Age about 10 weeks Months — Days —

Sex Female Color or Race White Birthplace Orkeyville Md

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

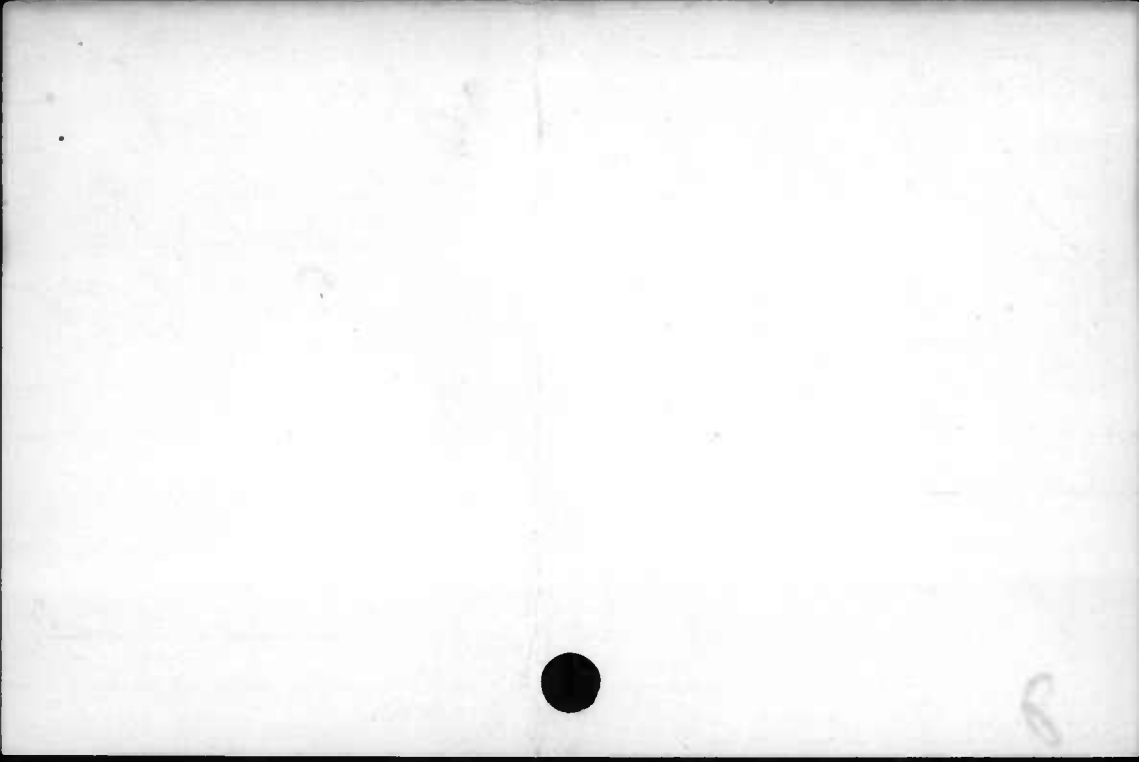
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

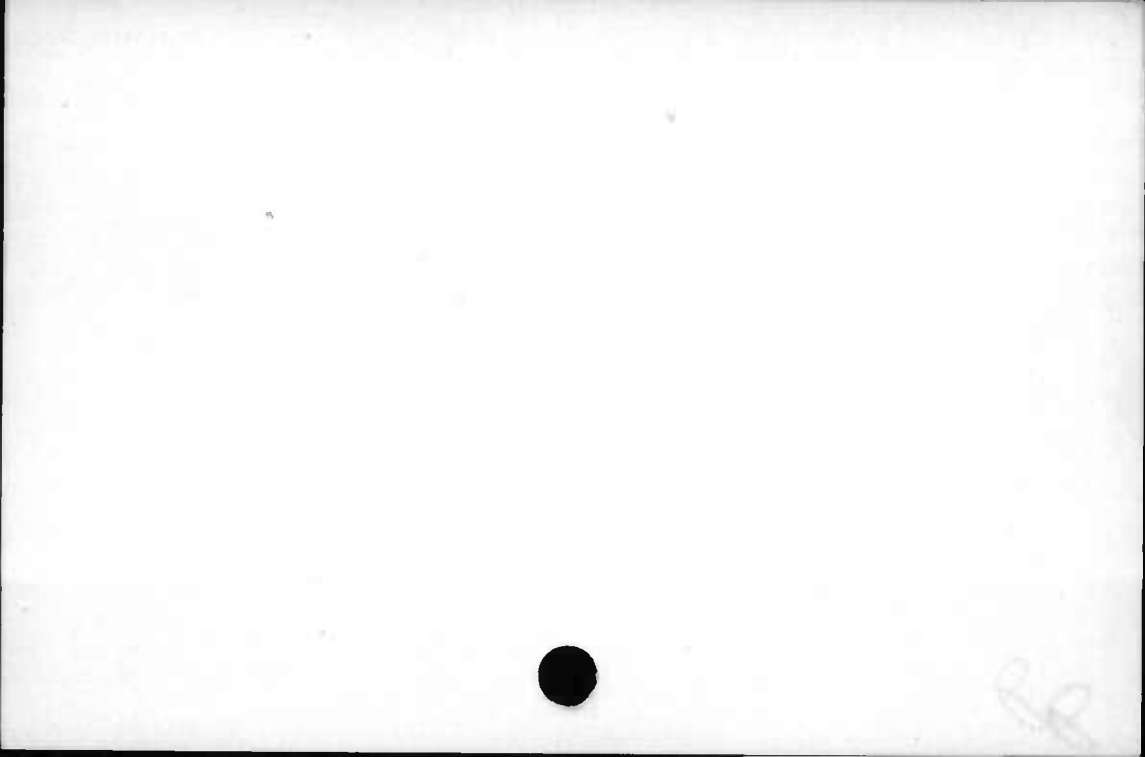
CERTIFICATE OF DEATH

MARYLAND

Died at *John J. Halloran*
Mr Hope Reptah *Baltimore*Date of death *1906* Month *Oct* Day *23rd* Age *40-35* Months *unknown* Days *unknown*Sex *Male* Color or Race *White* Birth-place *Richmond Va*Occupation *Mechanic* Where Residing if not at place of death *Richmond Va*Married, Single or Widowed *Married* Name of Wife or Husband *unknown*Father's Name *unknown* Father's Birthplace *unknown*Mother's Maiden Name *"* Mother's Birthplace *"*Name of person giving information *Reeds Mr Hope Reptah* How related to deceased *not at all*

CAUSES OF DEATH

Primary *Epileptic Mania - (9)* How long *abt 6 years*
Immediate *Ex. Cerebral Congestion* How long *abt 5 or 6 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Frank J. Flannery*Address *Mr Hope Reptah
Baltimore Co Md*Accident or Suicide? *2*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John. J. Harr		Town Cockeysville		County Balto.		MARYLAND	
Died at Cockeysville		Date of death 1906 Oct. 17		Age 18		Months 9	
Sex Male		Color or Race White		Birth-place Balto. Co.		Days 15	
Occupation Fireman		Where Residing if not at place of death Cockeysville					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name George Harr		Father's Birthplace Balto. Co.					
Mother's Maiden Name Kate Dearholt		Mother's Birthplace Balto. Co.					
Name of person giving information George Harr		How related to deceased Father					

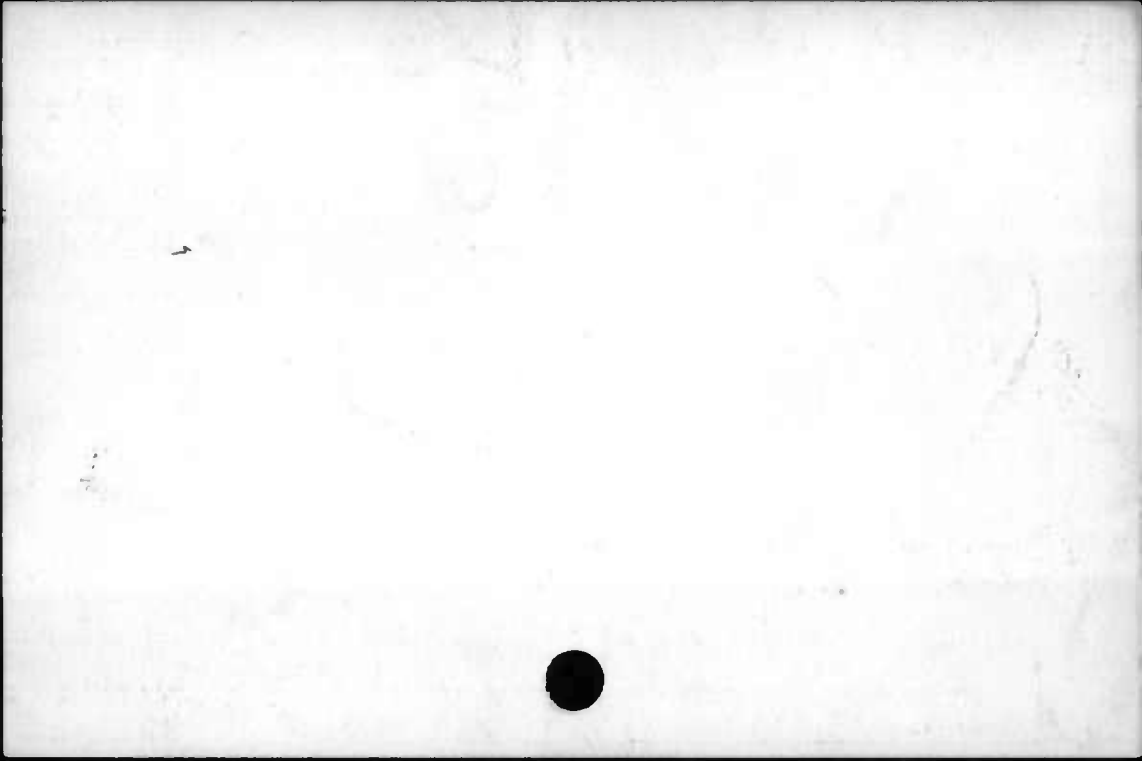
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever	How long 3 weeks
Immediate Polar Pneumonia	How long 1 week
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. Thos. C. Russey
	Address Peyas Md
Accident or Suicide? No	

John Burns Sons
Jouison
Ridge Cemetery
Chestnut Ridge
Ballo. Co

Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Albion Shore</i>		County <i>Baltimore</i>			
		State <i>MARYLAND</i>					
		Date of death <i>1906 Oct 17</i>	Month <i>Oct</i>	Day <i>17</i>	Years	Months	Days
		Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>John Hopkins</i>			
		Occupation <i>—</i>	Where Residing if at place of death <i>Albion Shore Baltimore</i>				
		Married, Single or Widowed	Name of Wife or Husband				
FATHER'S NAME		Father's Name <i>Henry Hancock</i>		Father's Birthplace <i>Baltimore</i>			
		Mother's Maiden Name <i>Florence Byrnes</i>		Mother's Birthplace <i>Baltimore</i>			
		Name of person giving information <i>John Colbourne</i>		How related to deceased <i>None</i>			
PHYSICIAN OR CORONER		CAUSES OF DEATH					
		Primary <i>"Strangulation during fit of vomiting"</i>					
		How long <i>16</i>					
		How long					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>					
		Signature of Physician <i>David Thompson</i>					
		Address <i>1500 Highland Ave Baltimore Co Md</i>					
Accident or Suicide? <i>Accident</i>							



Name
in
Full

Mrs Annie Marie Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Widom Heights*

Town

Balto.

County

MARYLAND

Date
of death *1906 Oct.*

Month

Day

Age *48*

Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Balto. Md.*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Timothy F. Stanley*Father's
Name*James F. Shaw*Father's
Birthplace*England*Mother's
Maiden Name*Mary E. Shea*Mother's
Birthplace*Ireland*Name of person giving
information*Miss Cecelia Shaw*How related
to deceased*Sister.*

CAUSES OF DEATH

Primary *Chronic Interstitial Nephritis*
*Left Hemiplegia - Uræmia*How long *About 10 months*

Immediate

Coma

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Harold H. Morrison*
Dickerville, Md.

Accident or Suicide?

New Cathedral

J & B Cook

Mary E. Heintzeman
 Town County

Died at Fauschburg Baltimore MARYLAND

Date 1906 10 13 Age 47 md Housewife
 Male White Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 3

Husband of John F. Heintzeman
 Wife

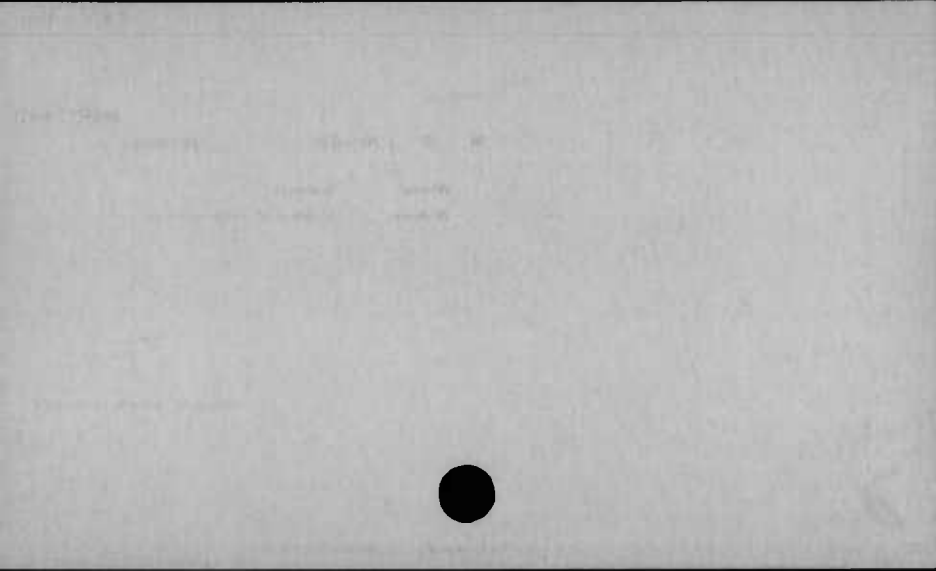
Father's Name Christ Bolte Mother's Name Caroline Handermack

Cause of Death { Primary Acute Indigestion 104 of hours
 Immediate Pondy's Brain 104 of hours
 How long sick 104
 Accident, Suicide, Homicide

Reported by Dr. Jos. H. Wilson

Address Fauschburg, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Joseph George Harold
Died at 3414 E. Ball St. Balt. City

Date of death 1906 Oct 29 Age 33 Months Days

Sex Male Color or Race White Birth-place Baltimore
Occupation Laborer Where Residing if not at place of death 3414 E. Ball St.Married, Single
or WidowedName of Wife or
Husband

Father's Name Joseph Harold

Father's Birthplace Germany

Mother's
Maiden Name

Mother's Birthplace Germany

Name of person giving
In formation

M. Loskan

How related to deceased Aunt

CAUSES OF DEATH

Primary

Asthma

How long

Immediate

Haemorrhage from lung

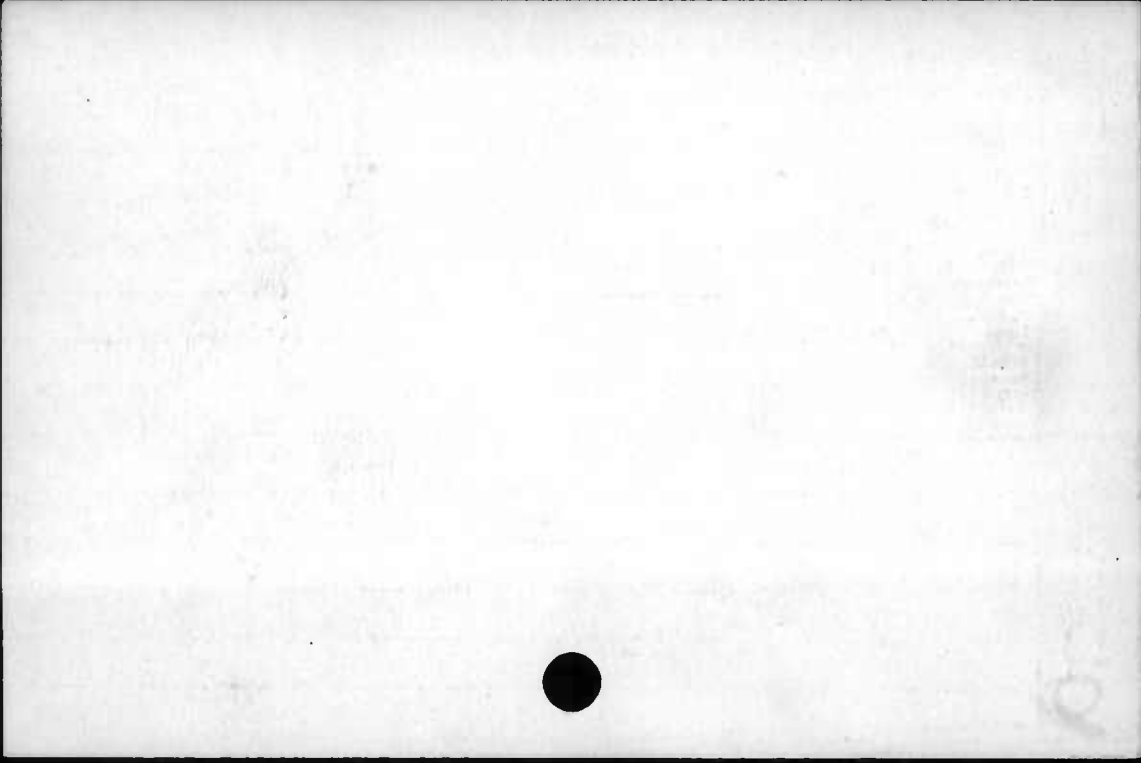
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Wright S. Sudler
3414 E. Ball St
Highland Town Md.

Accident or Suicide?



Name in Full		Aline Elizabeth Hinds				CERTIFICATE OF DEATH	
		Town Covsm		County Balto.		MARYLAND	
Died at		Date of death		Age		Months Days	
		1906 Oct 6		13		10 26-	
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation		Where Residing if not at place of death					
Schoolgirl		Covsm Md					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Isaac Hinds		Ireland					
Mother's Maiden Name		Mother's Birthplace					
Aline Walter		Va					
Name of person giving information		How related to deceased					
Mrs. Isaac Hinds		Mother					
CAUSES OF DEATH							
Primary		How long					
Typhoid fever		5 weeks					
Immediate		How long					
Cerebro-spinal Meningitis		4 days					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		J. Boyette, Covsm Md					
		Address					
Accident or Suicide?							

Interment at
Prospect Hill Cemetery
Lowson Baltimore Md.

Undertakers

Stewart & Mowen Co

215 Park ave

Baltimore Md

Name
in
Full

Mrs Amelia Hisley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} North Park Road ^{County} Bldg.		MARYLAND	
Date of death	1906	Month	10
		Day	10
		Age	70
Sex	Female	Color or Race	White
Occupation	None	Birthplace	Germany
		Where Residing if not at place of death	Edward Parker North Park Road
Married, Single or Widowed	Widow	Name of Wife or Husband	Joseph Hisley
Father's Name	—	Father's Birthplace	Germany
Mother's Maiden Name	—	Mother's Birthplace	Germany
Name of person giving information	John Hisley	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastritis & Senility	How long	30 days
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Woodhouse
		Address	Sparrow's Point Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct.</i>	Day <i>17</i>	Age <i>84</i>	Years <i>84</i>	Months <i>—</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Ludwig Linn</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Not Known</i>						
Name of person giving information <i>Sen. T. Sheek</i>	How related to deceased <i>Son-in-law</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Serulity</i>	How long <i>One year</i>
Immediate <i>Cardiac Syncope</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D.W. Jones</i>
	Address <i>3116 Oxford Rd.</i>
Accident or Suicide? <i>—</i>	

Mr. Lamm
H. Lander & Son

Name
in
Full

Caroline Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Batonsville</i> ^{Town}		<i>Baltimore</i> ^{County} <i>county</i>		MARYLAND	
Date of death	1906	Month	Oct	Day	22
Age	73	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Howard Co
Occupation	Where Residing If not at place of death <i>Batonsville</i>				
Married, Single or Widowed	Widow	Name of Wife or Husband	<i>Edmund Holland</i>		
Father's Name	<i>S. Hamman</i>			Father's Birthplace	—
Mother's Maiden Name	<i>Caroline Hamman</i>			Mother's Birthplace	—
Name of person giving information	<i>Mrs Fields</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cardiac Asthma</i>	How long	<i>3 yrs</i>
	Immediate	<i>asthenia</i>	How long	<i>2 mos.</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
	Signature of Physician		<i>Marshall B West,</i>	
		Address		<i>Batonsville Md</i>
Accident or Suicide <input checked="" type="checkbox"/>				



Name in Full		Herman J. House				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highlandtown		County Baltimore		MARYLAND	
	Date of death	1906	Month 10	Day 8	Age 1	Months	Days
	Sex	Male		Color or Race	W.		
	Occupation	None		Where Residing if not at place of death	19 Loney's Lane		
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Chas. H. House			Father's Birthplace	Baltimore	
	Mother's Maiden Name	Elizabeth F. Krebs			Mother's Birthplace	" "	
Name of person giving In formation	Elizabeth F. House			How related to deceased	Mother		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Diphtheria - laryngeal			How long	about a week	
	Immediate	asthenia			How long	—	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
	Yes			Address			
9			E. L. McLean			G. H. Brady	
Accident or Suicide?							

Hernig & Son
Mt. Carmel

10/2/06

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct.</i>	Day <i>27</i>	Age <i>5</i> Years	Months <i>6</i> Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Jacob Huchthausen</i>			Father's Birthplace <i>Balto.</i>		
Mother's Maiden Name <i>Lola Wiser</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Lola Huchthausen</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Laryngeal Diphtheria</i>	How long	<i>2 days</i>
Immediate	<i>Cardiac Paralysis</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Dr. J. A. Glantz</i>
		Address	<i>41 Eastern Ave Et.</i>
<input checked="" type="checkbox"/> Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND					
Date of death		1906	Month	Oct	Day	25	Age	Years	20	Months	Days
Sex		Male		Color or Race		White		Birth-place		Ind	
Occupation		Fisherman		Where Residing if not at place of death		X					
Married, Single or Widowed		Married		Name of Wife or Husband		Jennie R. Humphreys					
Father's Name		Richard C. Humphreys		Father's Birthplace		Ind.					
Mother's Maiden Name		X		Mother's Birthplace		X					
Name of person giving information		John Evans		How related to deceased		None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Toxic Insanity	How long	2 mos
Immediate	Lobar Pneumonia	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. R. Wade	
Address		Clutensville, Ind.	
Accident or Suicide?		No.	

John E. Evans
Baltimore

W. W. W. W.

Name
in
Full

Laura L. James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Catonville</u>		Town <u>Balto.</u>		County	
Date of death <u>1906</u>	Month <u>Oct.</u>	Day <u>8</u>	Age <u>36</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Balto.</u>		
Occupation <u>House wife</u>		Where Residing if not at place of death <u>Catonville</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John L. James</u>				
Father's Name <u>John L. James</u>	Father's Birthplace <u>Balto.</u>				
Mother's Maiden Name <u>Alice Ford</u>	Mother's Birthplace <u>Balto.</u>				
Name of person giving information <u>John L. James</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>2 yrs</u>
Immediate <u>asthenia</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Marshall B. West.</u>
	Address <u>Catonville.</u>
	<u>Ind.</u>
Accident or Suicide? <u>No</u>	

John Burns Sons
Funeral Directors
Lowson

Camp's Chapel
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

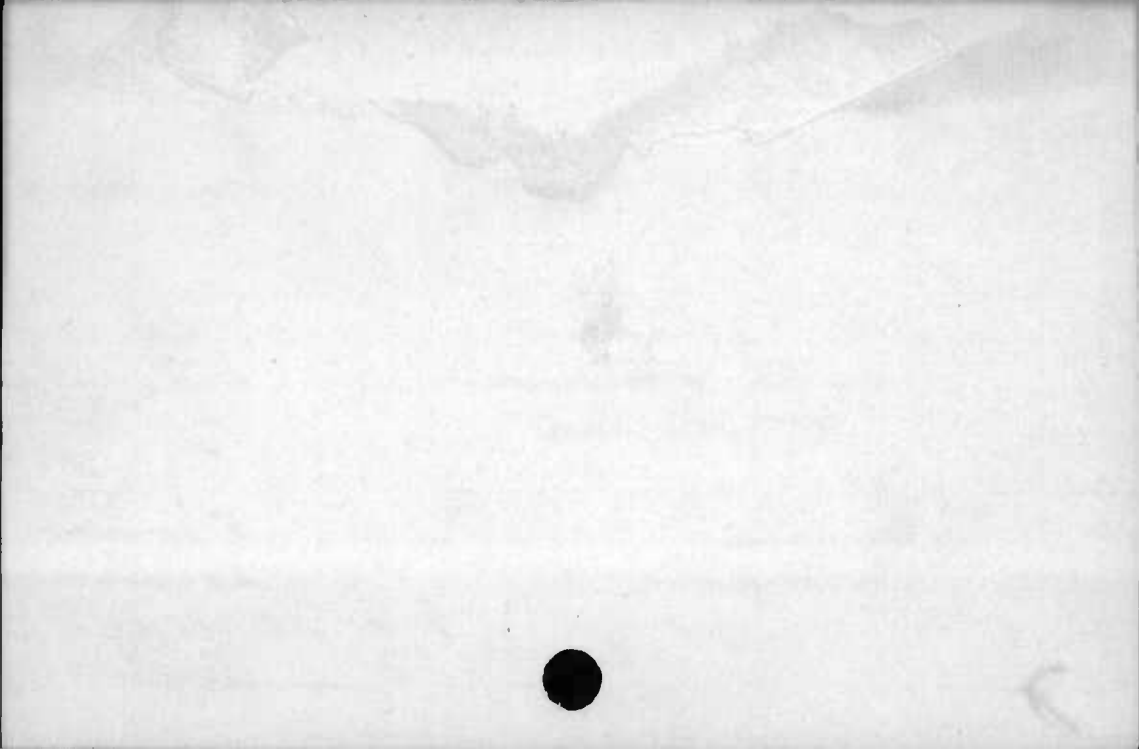
Died at <i>Ruhl</i> <small>Town</small>		<i>Balto.</i> <small>County</small>			
Date of death	<i>1906</i>	Month	<i>Oct.</i>	Day	<i>2</i>
		Age	<i>71</i>	Years	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Penna.</i>
Occupation	<i>Retired Farmer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Sarah A Shultz.</i>			
Father's Name	<i>Elias Johns.</i>			Father's Birthplace	<i>Penna.</i>
Mother's Maiden Name	<i>Catherine Miller</i>			Mother's Birthplace	<i>Penna.</i>
Name of person giving information	<i>W. G. Johns.</i>			How related to deceased	<i>Son.</i>

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis, Acute Regeneration</i>	How long	<i>about 2 weeks.</i>
Immediate	<i>Sepsis Infection</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>Jas L. Eagle</i>	
		Address	
		<i>New Freedom, Pa.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Wilbert Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

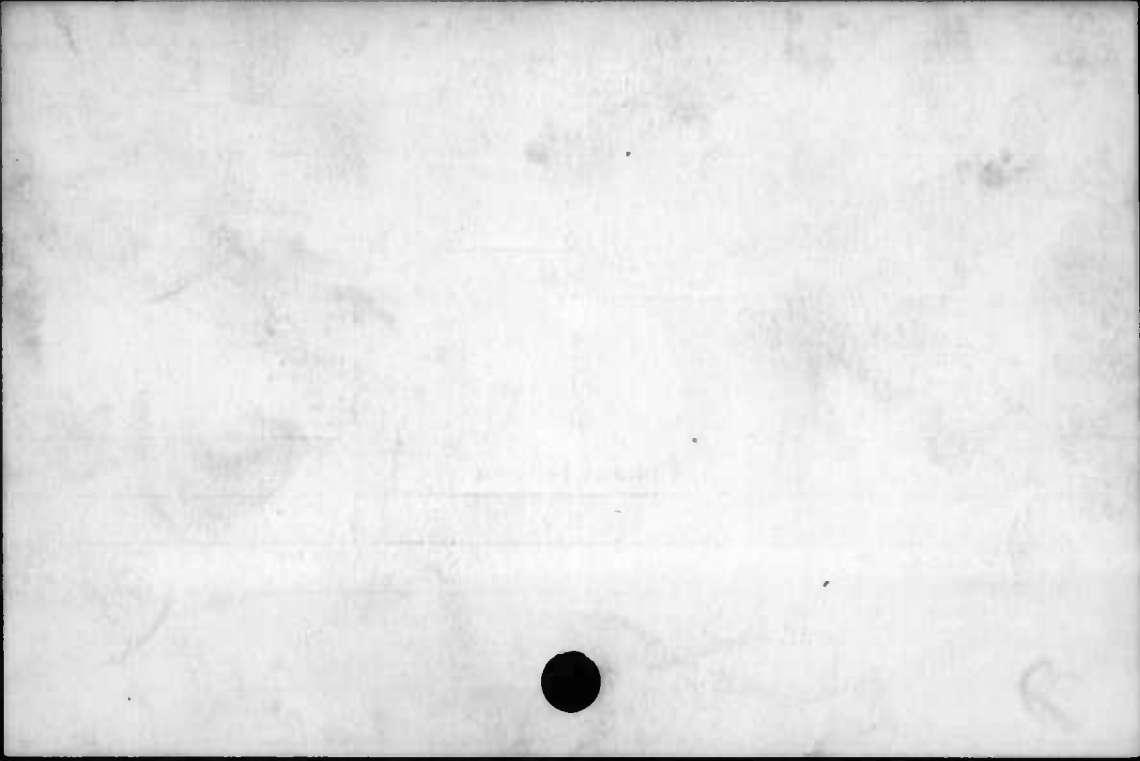
MARYLAND

Died at <i>Summit Point</i> Town		<i>Baltimore</i> County			
Date of death	<i>1904</i> Month	<i>Oct.</i> Day	<i>14</i> Age	<i>1</i> Years	<i>10</i> Months
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Buxton Iowa</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Wm. Johnson</i>		Father's Birthplace <i>Pee.</i>			
Mother's Maiden Name <i>Hattie Holland</i>		Mother's Birthplace <i>Washington D.C.</i>			
Name of person giving information <i>Wm. Johnson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Manuscript</i>	How long	<i>5 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. C. Eldred M.D.</i>	
		Address <i>Summit Point</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Laura V. Jones</i>				County <i>Balto</i>				MARYLAND							
Died at <i>Baltimore</i>				Town <i>Balto</i>											
Date of death		1906		Month <i>Oct</i>		Day <i>4</i>		Age <i>43</i>		Years <i>43</i>		Months <i>4</i>		Days <i>27</i>	
Sex <i>Female</i>				Color or Race <i>Colored</i>				Birth- place <i>Williamport</i>							
Occupation								Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Jessie Jones</i>											
Father's Name <i>Chas Taylor</i>				Father's Birthplace <i>Williamport</i>				Mother's Birthplace <i>Williamport</i>							
Mother's Maiden Name <i>Elizabeth Jane Lake</i>				Mother's Birthplace <i>Williamport</i>				How related to deceased <i>Born</i>							
Name of person giving In formation <i>John K. Taylor</i>				Name of person giving In formation <i>John K. Taylor</i>				How related to deceased <i>Born</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congestion of Liver</i>		How long <i>1 year</i>	
Immediate <i>Heart Failure</i>		How long <i>6 hrs</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. W. Shuch</i>	
		Address <i>Baltimore Md</i>	
Accident or Suicide?			

Kreps, unde.

Oct 6 1903
May 10 1863

31	10	1406
6	5	1863
104	4	43
27		

Name
in
Full

Michael Kaiser

CERTIFICATE OF DEATH

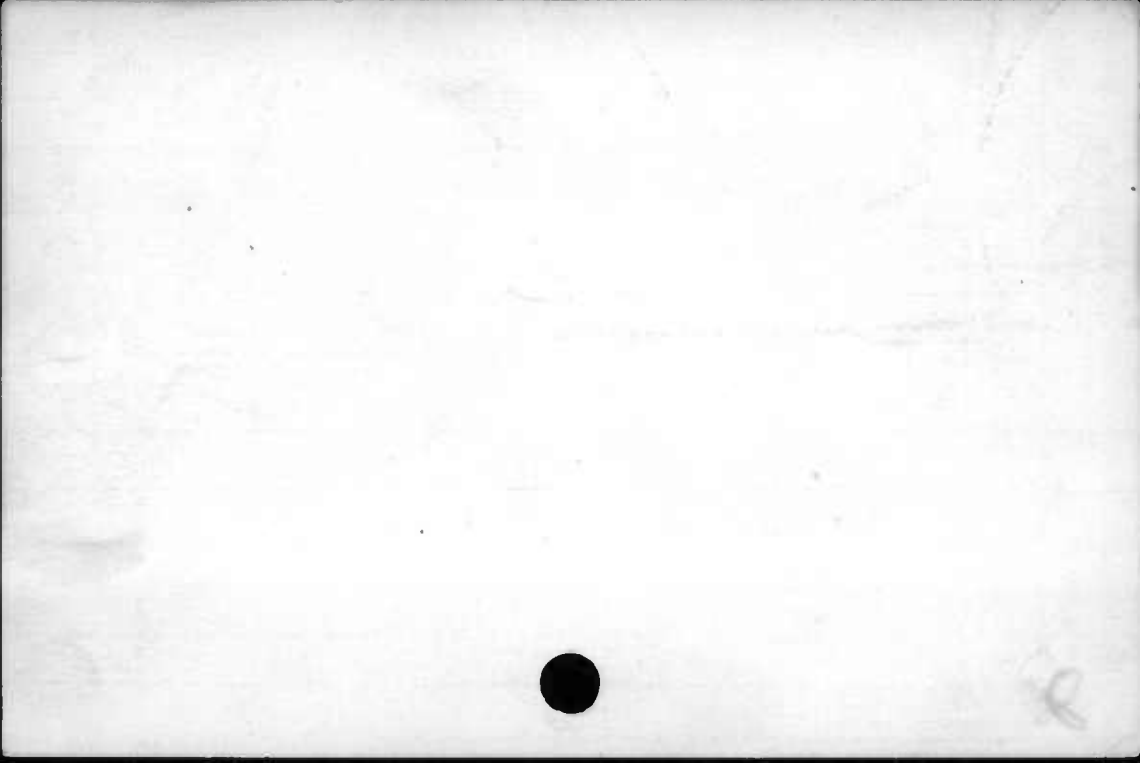
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oella</i> Town			<i>Baets, Tex.</i> County			MARYLAND	
Date of death <i>1906</i>		Month <i>Oct.</i>	Day <i>1</i>	Age <i>60</i>	Years	Months <i>10</i>	Days <i>27</i>
Sex <i>Male</i>		Color or Race <i>White</i>			Birth-place <i>Baets, Tex. Md.</i>		
Occupation <i>Merchant</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary A. Kaiser</i>					
Father's Name <i>Henry Kaiser</i>		Father's Birthplace <i>Pennia.</i>					
Mother's Maiden Name <i>Barbara Bloome</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Miss Clara Kaiser</i>		How related to deceased <i>Daughter</i>					

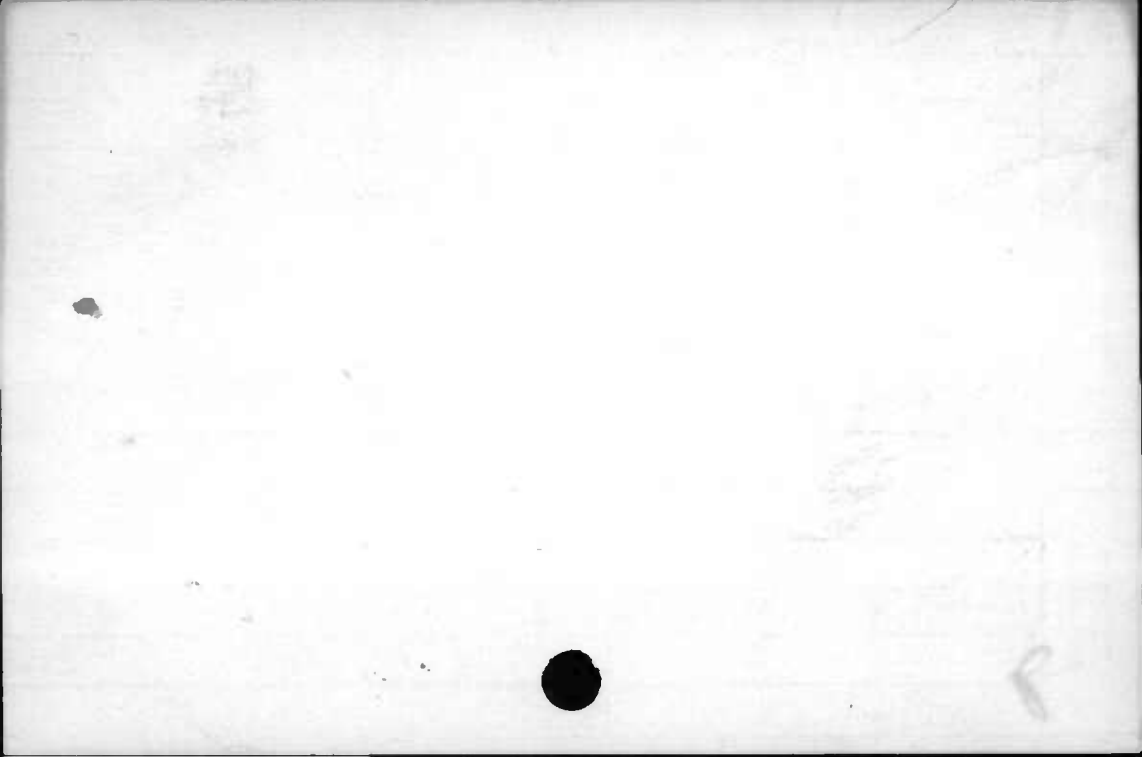
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver Attack of Stomach</i>	How long <i>About 2 years</i>
Immediate <i>Syncopal</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Harroll Mammernier</i>
	Address <i>Dickeyville, Md.</i>
Accident or Suicide?	



Name in Full		Pauline Hall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rossville		County Bullo		MARYLAND
	Date of death		1906	Month Oct	Day 12	Age Years	Months —
	Sex		Female		Color or Race		white
	Occupation				Birth- place		Rossville
					Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name		Matt Hall		Father's Birthplace		Bullo
Mother's Maiden Name		Eliz Ewice		Mother's Birthplace		Rossville	
Name of person giving In formation				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate		Convulsions		How long		6 hours
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
			John Geltman M.D.		Rossville Md.		
Accident or Suicide?							



Name

In
Full

Chas E. Kaste

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *West Washington*^{County} *Baltimore*Date
of death *1906*Month *Oct*Day *20*

Age

Years

Months *2*

Days

Sex *Male*Color or
Race *White*Birth-
place *Ind*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *Chas. Kaste*Father's
Birthplace *Ind*Mother's
Maiden Name *Flora Brummett*Mother's
Birthplace *Ind*Name of person giving
In formation *Chas Kaste*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Mania*How long *2 mo*Immediate *Exhaustion*How long *2 days*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *A H Beeton*Address *West Washington*

Accident or Suicide?

William E. Chenoweth & Son.

Immanuel Cemetery

Balto. Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Washington</i> ^{Town}		<i>Belt.</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>10</i> ^{Month}	<i>29</i> ^{Day}	Age ^{Years}	<i>2</i> ^{Months}	<i>8</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Chas Kaste</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Helen Brunnett</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Chas Kaste</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Manacure</i>	How long <i>9 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. H. Beeton</i>
	Address <i>Mt Washington</i>
Accident or Suicide?	

William E. Cheneveth & Son

Immanuel Cemetery
Sauraville.

Name In Full		Annie M. Keidel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Canton ^{Town}		Balto. ^{County}		MARYLAND
	Date of death		1906	Month Oct.	Day 18	Age 45	Months 7
	Sex		Female		Color or Race White		Birth-place Balto. Md.
	Occupation		Housekeeper		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband Florian Keidel		
	Father's Name		John Bauernfreund		Father's Birthplace Germany		
	Mother's Maiden Name		Annie Hoffman		Mother's Birthplace " "		
Name of person giving information		Florian Keidel		How related to deceased Husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid fever		How long 1		
	Immediate		Paralysis of bowels		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. Schindler		
	Accident or Suicide?		Address		1415 R. St. N. W. Highland		

Germanus France.

Oct 22nd 1906.

Sacred Heart Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

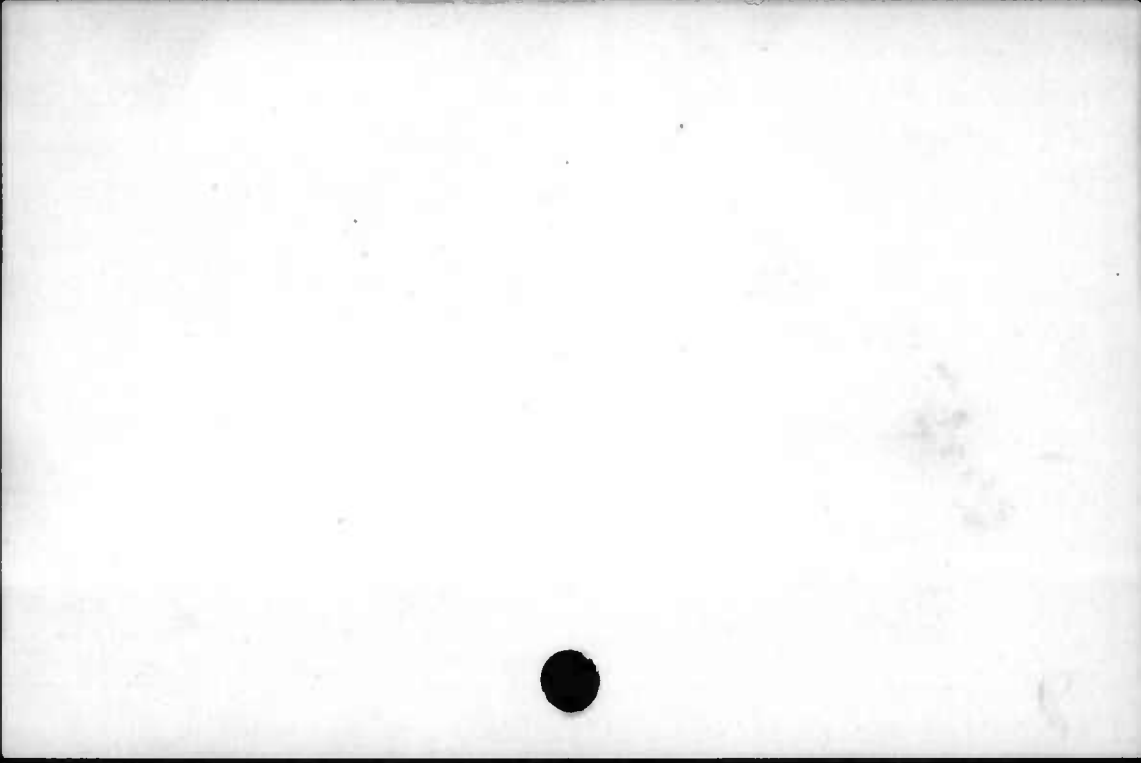
MARYLAND

Died at <i>Phoenix</i> <small>Town</small>		<i>Balto</i> <small>County</small>			
Date of death <i>1906</i>	<i>10</i> <small>Month</small>	<i>17</i> <small>Day</small>	<i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Phoenix</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John M. Henry</i>			Father's Birthplace <i>Balto Co</i>		
Mother's Maiden Name <i>Florence E. Benson</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>John H. Henry</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Borne</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. F. Payne M.D.</i>
<i>Yes</i>	Address <i>Phoenix Balto Co Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mary Kimberly

Town

County

123 Cold Spring Run Rd. Baltimore Co

MARYLAND

Date

of death 1906

Month

Oct

Day

8 4

Years

Age

86

Months

Days

Sex

F.

Color or
Race

W

Birth-
place

Md

Occupation

Where Residing If not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Jesse England Mary Kimberly

Father's
Name

Jesse England

Father's
Birthplace

Ireland

Mother's
Maiden Name

Mary Webb

Mother's
Birthplace

Md

Name of person giving
In formation

Catherine England

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Paralysis Heart probably arterio-sclerotic

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Y

Signature of
Physician

Address

Harry J. Cassin M.D.
11 Upland Rd. Baltimore

Accident or Suicide?

John A. Dager

Green Mount Camp,

Name

in
Full

Amelia Kneas

CERTIFICATE OF DEATH

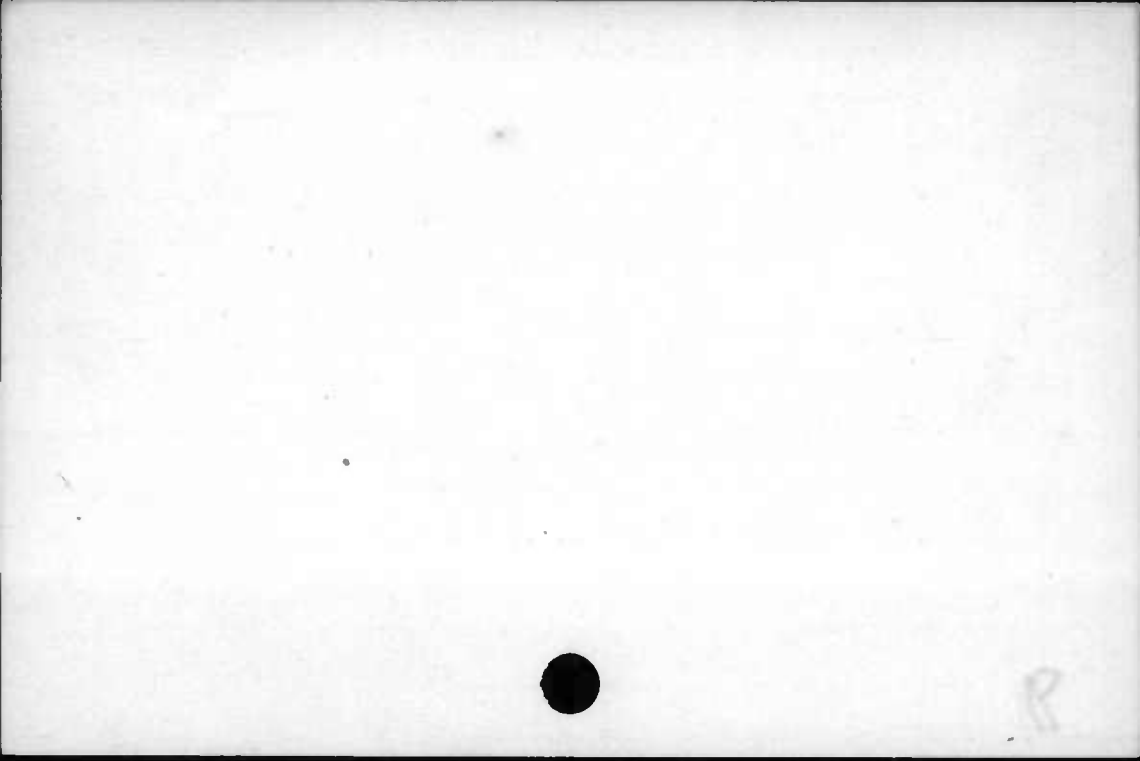
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rasburg</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1906</i> Month <i>October</i>	Day <i>19th</i>	Years <i>88</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Henry Kneas</i>				
Father's Name <i>George Miller</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Miller first name not known</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Amelia Schwartz</i>	How related <i>Grand Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of bowels</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos D. Borse</i>
	Address <i>Gardenville Md</i>
Accident or Suicide?	



Name
in
Full

Theodore R. Knorr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gorantown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>oct</i>	Day <i>7</i>	Age	Years <i>9</i>	Months <i>9</i> Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation _____			Where Residing if not at place of death <i>Helmi Road</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband _____			
Father's Name <i>W. S. Knorr</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Katie B. Crisp</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Lewis Blond Helmi</i>			How related to deceased <i>uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 40px; font-weight: bold;">179</div> </div>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>		How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. H. Duncan</i>
		Address <i>Gorantown</i>
<div style="display: flex; align-items: center;"> <div style="font-size: 40px; font-weight: bold; margin-right: 10px;">9</div> <div>Accident or Suicide? <i>2</i></div> </div>		

Mt. Carmel Cemetery

J. Herwig & Son

10/9/06

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant-
Town
Catonsville

County

Baltimore

MARYLAND

Date

of death 1906

Month

Oct

Day

2

Age

Years

Months

Days

6 hrs

Sex

male

Color or
Race

white

Birth-
place

Catonsville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Arthur Gower Lawrence

Father's
Birthplace

Chas. Co Md.

Mother's

Maiden Name

Antoniette Suero

Mother's
Birthplace

Rochester N. Y.

Name of person giving
In formation

Gower Lawrence

How related
to deceased

Father -

CAUSES OF DEATH

Primary

Premature birth (6 1/2 mos)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. J. Luetscher
1025 Madison Ave

Baltimore, Maryland.

Accident or Suicide?



Name in Full		Gustave Lindenmeyer -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>near St. Dennis</i>		County <i>Baltimore</i>		MARYLAND
	Date of death		Month <i>Octob.</i>	Day <i>16</i>	Years <i>26</i>	Months <i>8</i>	Days <i>5</i>
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany.</i>		
	Occupation <i>Glassblower</i>		Where Residing if not at place of death <i>401 W Pratt St Balto</i>				
	Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Wilhelm Lindenmeyer</i>				Father's Birthplace <i>Germany</i>		
	Mother's Maiden Name <i>Christina Steinacker</i>				Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Helen Lindenmeyer</i>		How related to deceased <i>sister</i>					
<div style="text-align: center;">CAUSES OF DEATH 34</div>							
PHYSICIAN OR CORONER	Primary		<i>General military Tuberculosis</i>			How long <i>abt 18 mos</i>	
	Immediate		<i>Exhaustion</i>			How long <i>2 da.</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>P. Gustav Dill M.D</i>		
					Address <i>1433 W Lombard St Balto Md.</i>		
Accident or Suicide?		<i>—</i>					

C. W. Biel

Western

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Estella Lowman

Died at ^{Town} *Arbutus*^{County} *Bullo-*

MARYLAND

Date of death *1906* ^{Month} *oct*^{Day} *5th*Age ^{Years} *11*^{Months} *4*^{Days}Sex *Female*

Color or Race

white-

Birth-place

Maryland

Occupation

none

Where Residing if not at place of death

resided at place of death-

Married, Single or Widowed

single

Name of Wife or Husband

Father's Name

Nickolas Lowman

Father's Birthplace

Maryland

Mother's Maiden Name

Emma Virginia Thacker

Mother's Birthplace

Maryland

Name of person giving information

Nickolas Lowman

How related to deceased

Father

CAUSES OF DEATH

Primary

Typhoid fever and Septicaemia

How long

3 weeks

Immediate

*"**"**"**"*

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Arthur Williams

Address

22 K Ridge Road

Accident or Suicide?

*no*PHYSICIAN
OR CORONER

Burial at
Odeutor Md.
Oct. 7/06
Wm Cook
Undertaker
North Greenwood
Ar

Name

in
Full

Virginia Mary Lucas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Franklinton ^{County} Balto. Co

Date of death 1906 Oct. 22 Age 2 years 4 Months 1 Days

Sex Girl Color or Race White Birth-place Balto city

Occupation _____ Where Residing if not at place of death Franklinton

Married, Single or Widowed single Name of Wife or Husband _____

Father's Name William H Lucas

Father's Birthplace Balto City

Mother's Maiden Name Emma M Lucas

Mother's Birthplace Balto Co

Name of person giving information William H Lucas

How related to deceased Father

CAUSES OF DEATH

Primary ~~Membranous Acute~~ (9) How long 2 days

Immediate Asphyxia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. C. Smith
Woodlawn Sta Md

Accident or Suicide? _____

J. B. Cook
Arlington Cmo

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Hope ^{County} BaltoDate of death 1906 ^{Month} Oct ^{Day} 17 ^{Age} 71 ^{Years} ^{Months} unknown ^{Days} unknown

Sex male Color or Race White Birthplace Ireland

Occupation Shoemaker Where Residing if not at place of death Baltimore

Married, Single or Widowed Single Name of Wife or Husband

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name 11 Mother's Birthplace 11

Name of person giving information Reeds Mt Hope How related to deceased not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Melancholia 68 How long 22 yrs -

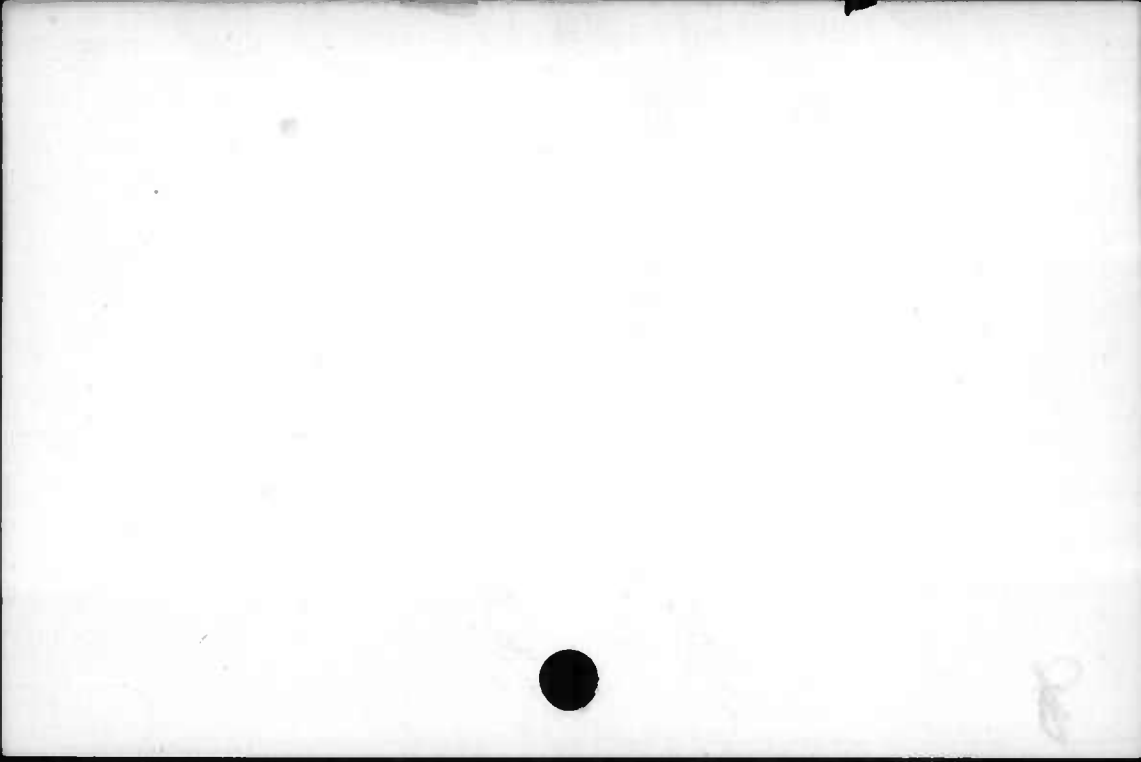
Immediate Ex Hemiplegia - How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery

Address Mt Hope Retiro
Balto Co Md -

Accident or Suicide?



Name
in
FullMrs Mary M^c Gaele.

CERTIFICATE OF DEATH

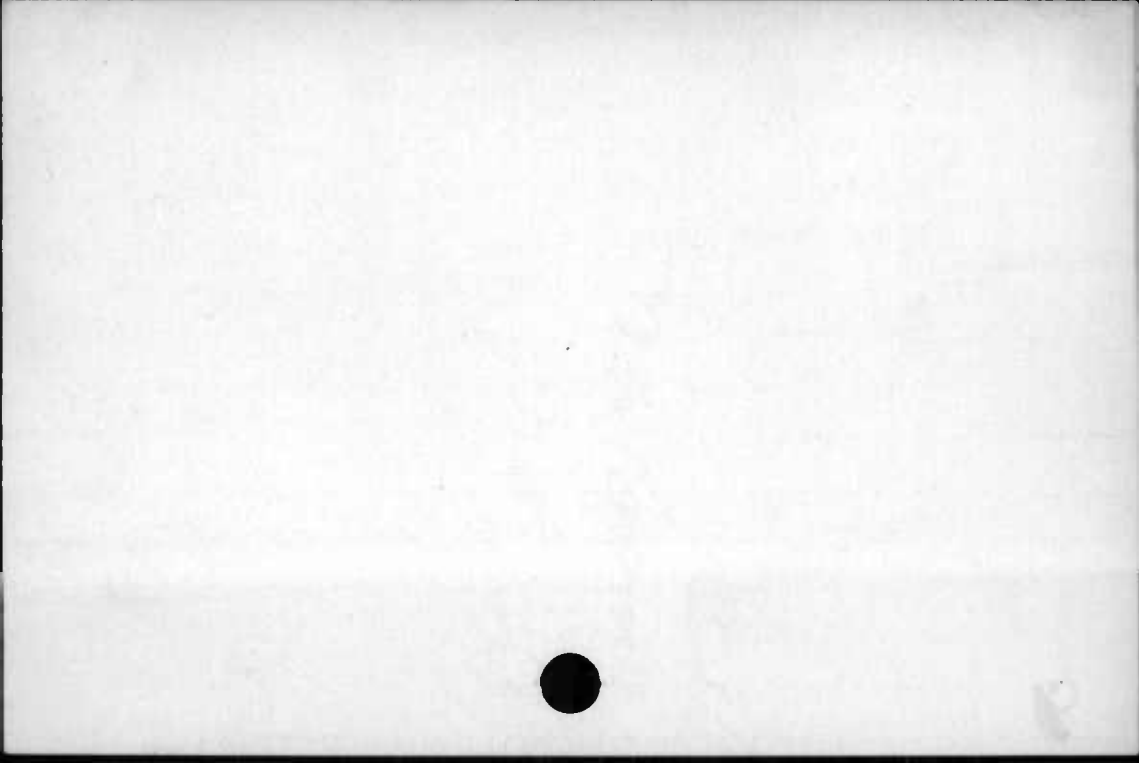
TO BE ANSWERED BY
NEAREST FRIEND

Died at		County		Town		County		BALTIMORE		MARYLAND	
Date of death		1906		Month		Oct		Day		9	
Age		43		Years		Months		Days			
Sex		Female.		Color or Race		White		Birth-place		Ireland.	
Occupation		Housewife.		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband		John M ^c Gaele.							
Father's Name		Thomas Burke		Father's Birthplace		Ireland.					
Mother's Maiden Name		Katie (Burke) Burke		Mother's Birthplace		..					
Name of person giving information		Mrs Mary M ^c Gaele.		How related to deceased		Deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	27	How long	one year
Immediate	Exhaustion.				
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	
				Address	
				St Agnes' Hospital	
Accident or Suicide?					



Name
in
Full

Eliza M. Harry

CERTIFICATE OF DEATH

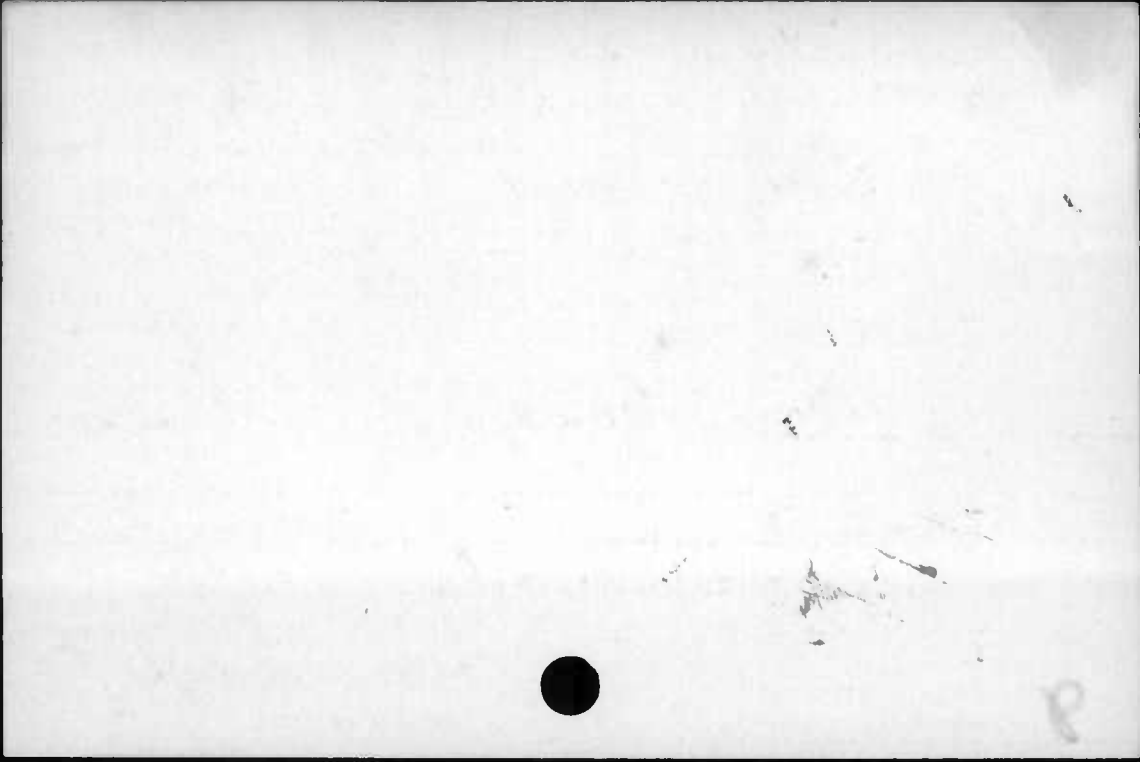
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>31</u>	Years <u>60</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>W</u>		Birth-place <u>Ireland</u>		
Occupation <u>Chief Nurse</u>		Where Residing if not at place of death			
Married Single		Name of Wife or Husband <u> </u>			
Father's Name <u>Ferrance M. Harry</u>			Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Celia M. Gadam</u>			Mother's Birthplace <u>..</u>		
Name of person giving information <u>Sister (Mary M. Harry)</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Nephritis</u>	(119)	How long <u>Two Days</u>
Immediate <u>Toxemia</u>		How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>J. W. Shaw</u>	
	Address <u>St Agnes Hospital</u>	
Accident or Suicide?		



Name
in
Full

Bridget Mc Guinness

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Hope Retreat^{County} Beale

Date of death 1906 Oct

Day 18th

Age 70

Months unknown Days unknown

Sex Female

Color or Race White

Birth-place Ireland

Occupation Wife of Merchant

Where Residing if not at place of death Brookline Mass.

Married, Single or Widowed Widow

Name of Wife or Husband unknown

Father's Name unknown

Father's Birthplace unknown

Mother's Maiden Name "

Mother's Birthplace "

Name of person giving information Reeds Mt Hope Retreat

How related to deceased not at all

CAUSES OF DEATH

Primary Acute Mania

How long 3 1/2 yrs

Immediate Ex. Tox. Gastro-Enteritis

How long 12 or 15 days

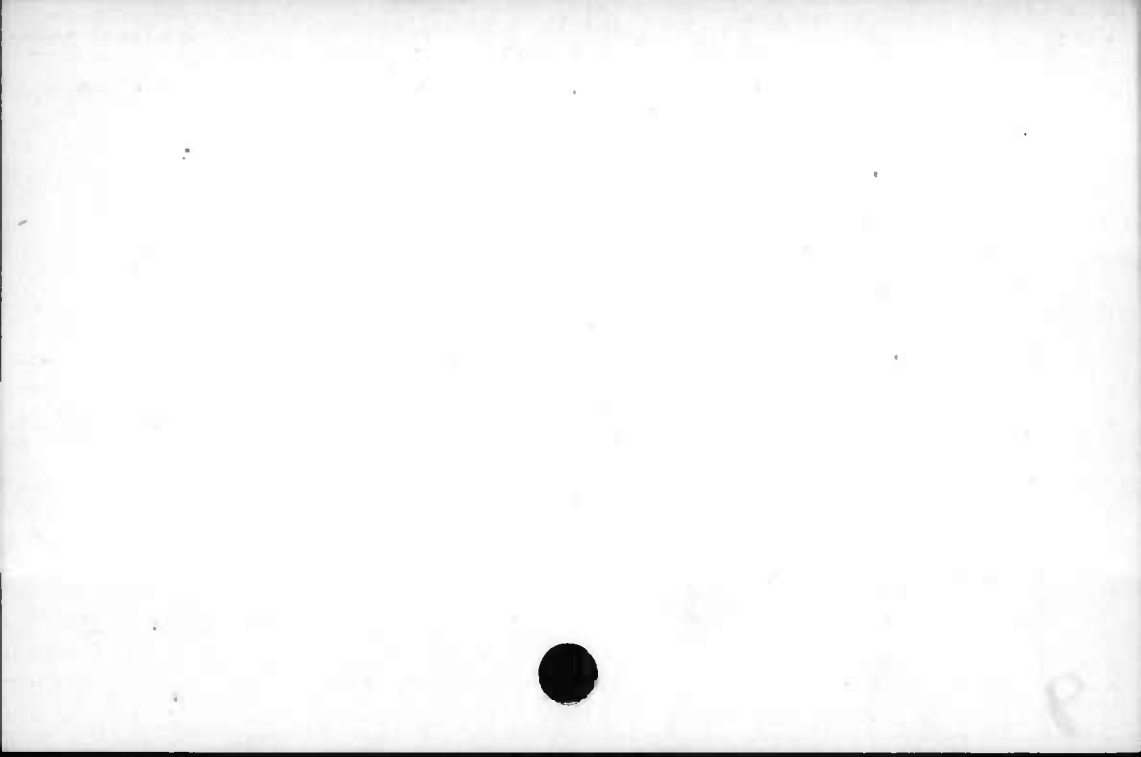
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery

Address

Mt Hope Retreat
Baltimore Md

Accident or Suicide?



Name
in
Full

Still Birth Mc Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balto.		MARYLAND			
Date of death		1906	Month Oct.	Day 30 th	Age —	Years —	Months —	Days —	
Sex		Male		Color or Race		White		Birth- place	Balto Co.
Occupation				None		Where Residing if not at place of death			—
Married, Single or Widowed		Single		Name of Wife or Husband		—			—
Father's Name		John Mc Neal					Father's Birthplace		U. S. —
Mother's Maiden Name		Sophia Gressner					Mother's Birthplace		Germany
Name of person giving In formation		Barbara Gressner					How related to deceased		Grandmother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	Still Birth
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	Mid wife

Sacred Heart Cemetery

Oct 31st 1906

Germanus France.

Name
in
Full

CERTIFICATE OF DEATH

Agnes M. McVey

Town

County

MARYLAND

Died at *Spinning Point**Baltimore*Date of death *1906 Oct.*Day *22*

Age

Years

Months *7*Days *15*Sex *Female*

Color or Race

White

Birth-place

Maryland

Occupation

None

Where Residing if not at place of death

Married, Single or *Widowed*

Name of Wife or Husband

Father's Name

J. F. McVey

Father's Birthplace

Maryland

Mother's Maiden Name

Catherine R. Baker

Mother's Birthplace

Maryland

Name of person giving information

Catherine R. Baker

How related to deceased

Mother

CAUSES OF DEATH

Primary

Infantile Atrophy

How long

10 weeks

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

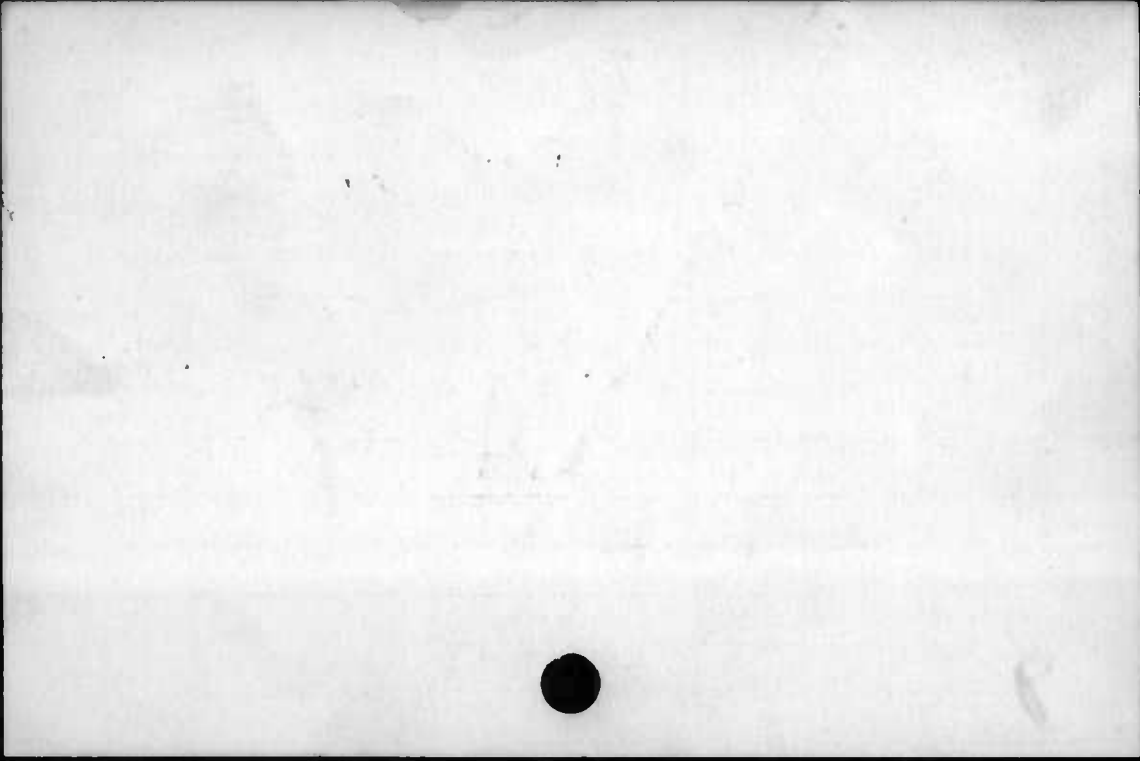
F. C. Elected M.D.

Address

Spinning Point, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thomas R. Mack

CERTIFICATE OF DEATH

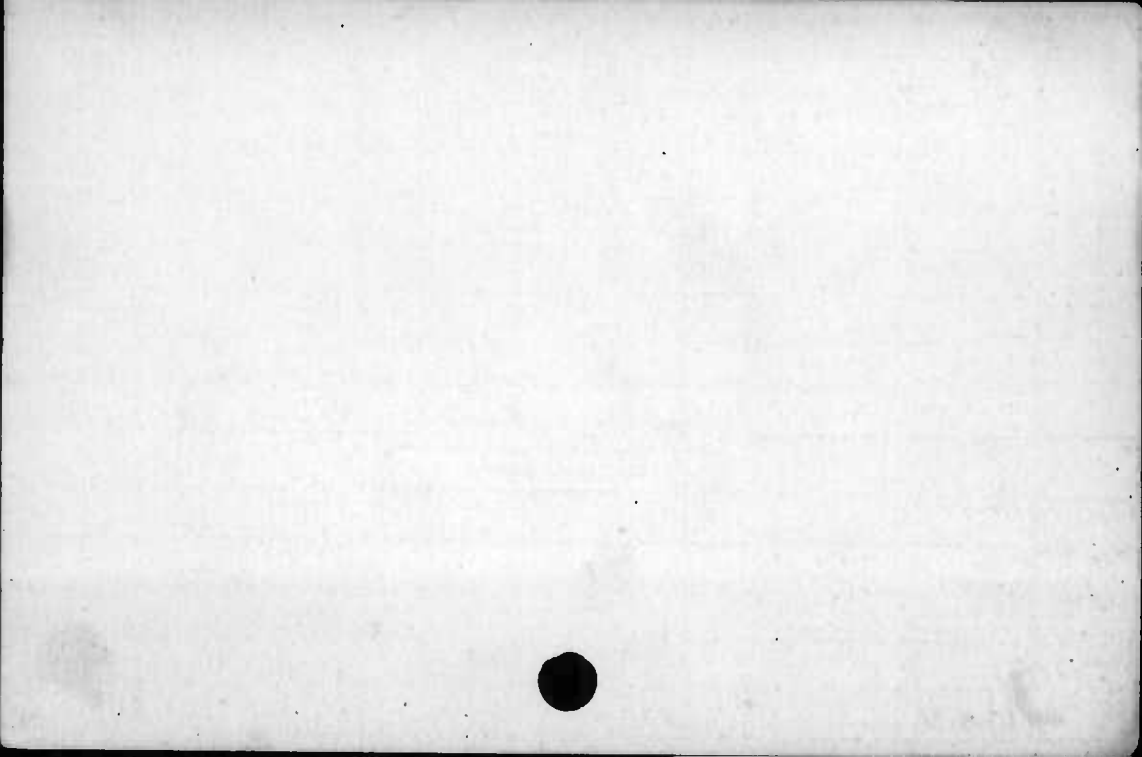
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Glyndon</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>Oct</i>	Day <i>8</i>	Age	Years <i>31</i>	Months <i>3</i>	Days <i>7</i>
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Dover Balto Co</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>Glyndon</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizier Mack</i>					
Father's Name <i>John J. Mack</i>		Father's Birthplace <i>Balto Co Dover</i>					
Mother's Maiden Name <i>Honor Wallace</i>		Mother's Birthplace <i>Dougher Bottom Balto Co</i>					
Name of person giving information <i>Willson Mack</i>		<i>179</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac trouble (Valvular)</i>	How long	<i>2 mo.</i>
Immediate	<i>Valvular Insufficiency</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. R. ...</i>	
		Address <i>Glyndon Md</i>	
Accident or Suicide? <i>8</i>			



Name in Full.		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Infant <i>Madden</i>		Town <i>Reisterstown</i>		County <i>Baltimore</i>
	Died at <i>Reisterstown</i>		MARYLAND		
	Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>7</i>	Age <i>12 hrs</i>	Years <i>Months</i> Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Reisterstown</i>	
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>Henry Madden</i>		Father's Birthplace <i>Reisterstown</i>		
Mother's Maiden Name <i>Della Jones</i>		Mother's Birthplace <i>Reisterstown</i>			
Name of person giving information <i>Henry Madden</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Perinatal Birth</i>		How long <i>151</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. W. Meade</i>		
	Address <i>Reisterstown Md</i>				
Accident or Suicide?					



Name
in
Full

Charlotte J. Markell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lutherville ^{Town} Baltimore ^{County} MARYLAND

Date of death 1906 ^{Month} Oct ^{Day} 12 ^{Years} Age 79 ^{Months} 8 ^{Days} 9

Sex Female Color or Race White Birth-place Maryland

Occupation House wife Where Residing if not at place of death —

Married, Single or Widowed Name of Wife or Husband Charles Markell

Father's Name Edward Trail Father's Birthplace Wd

Mother's Maiden Name Liddia Rainsburg Mother's Birthplace —

Name of person giving information Ednaul Markell How related to deceased —

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Chr. Encls - Carditis, Valve insufficiency How long Some years

Immediate Pul. Congestion & Edema How long Some days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician R. W. Muffin M.D.

Address 1016 West. av

Accident or Suicide? 8

Please grant permit for
interment in Green Mount
Cemetery on Monday
at noon

yours Respectfully

Oct-13/06 Stewart & Mowen Co

Name
in
Full

CERTIFICATE OF DEATH

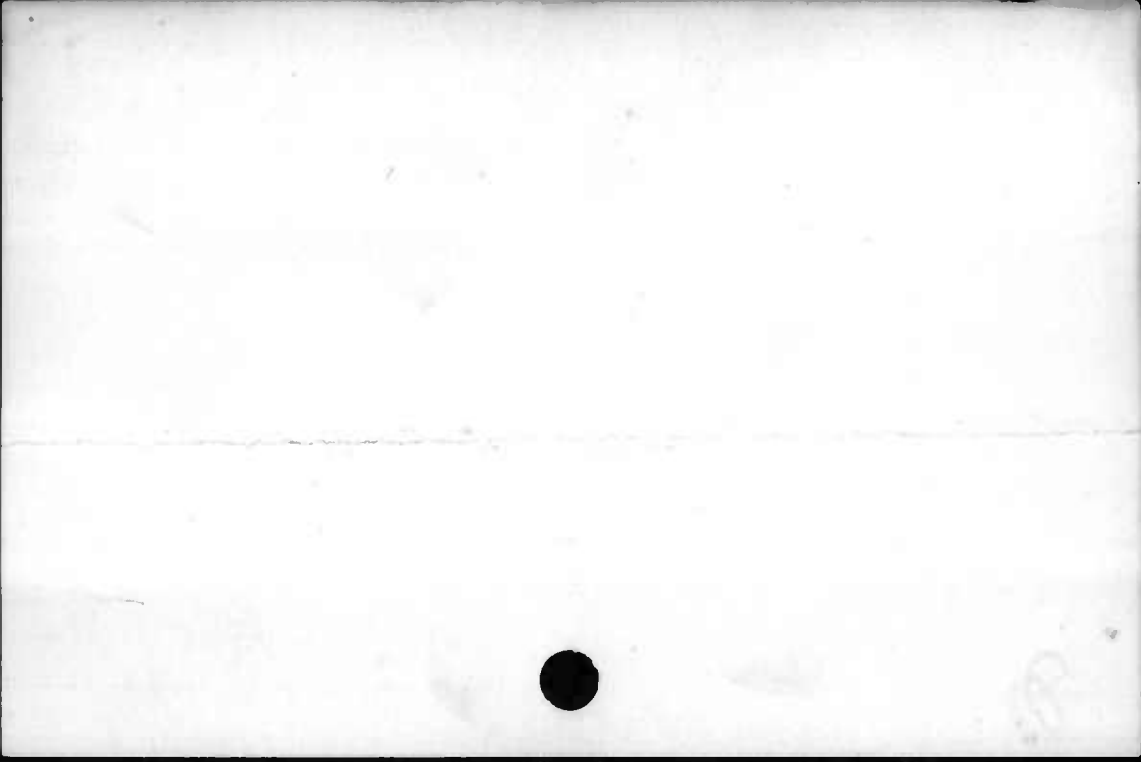
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Philadelph</i>		County <i>Balto. Co.</i>		MAY <i>10</i> 19 <i>06</i>	
Date of death <i>1906 Oct. 21</i>		Age <i>58</i>		Months <i>5</i> Days <i>10</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Corbett</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Daniel Matthews</i>		Father's Birthplace <i>Balto. Co.</i>			
Mother's Maiden Name <i>Sarah Ann Philips</i>		Mother's Birthplace <i>Chest. Co. Pa.</i>			
Name of person giving information <i>Calvin Price</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>5 weeks</i>
Immediate <i>Pneumonia followed by respiratory failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. P. Shuman</i>
	Address <i>Glencoe Ind</i>
Accident or Suicide?	



Name
in
Full

Antonio Mazzucco

CERTIFICATE OF DEATH

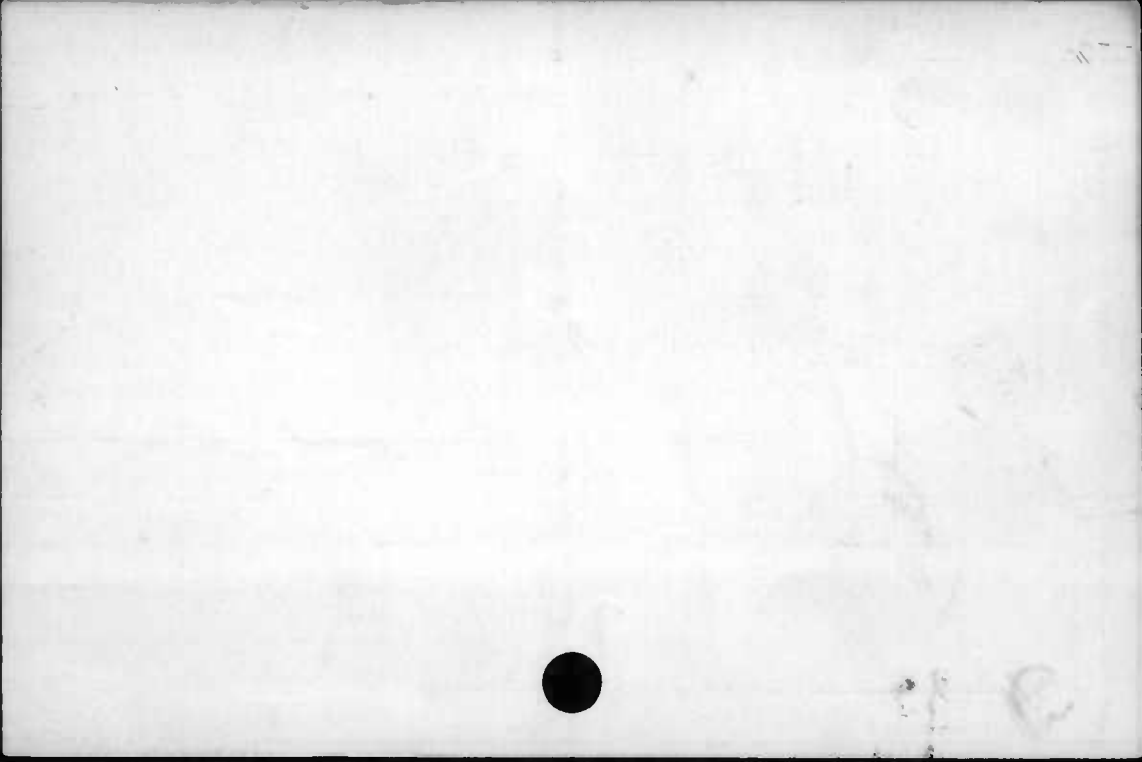
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Alberton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	<u>Oct</u> ^{Month}	<u>24</u> ^{Day}	Age <u>8 yrs</u> ^{Years}	<u>3</u> ^{Months}	<u>2</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Italy</u>	
Married, Single or Widowed			Occupation <u>Water Boy</u>		
Name of Wife or Husband					
Father's Name <u>Francesco Mazzucco</u>			Father's Birthplace <u>Italy</u>		
Mother's Maiden Name <u>Angelina Aranzola</u>			Mother's Birthplace <u>Italy</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Compound Fracture of Arm Thigh & Leg.</u>	How long	<u>---</u>
Immediate	<u>Shock & Hemorrhage</u>	How long	<u>---</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Frank O. Miller M.D.</u>	
		Address <u>Alberton, Md.</u>	
Accident or Suicide? <u>Accident</u>			



Name
in
Full

Edith Elizabeth Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monell Pk</i>		County <i>Balto</i>		MARYLAND	
Date of death	1906	Month <i>Oct</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry Miller</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Jenny Wiseman</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Henry Miller</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate <i>"</i>	How long <i>"</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo S. M. Kueffer
Monell Pk
Balt. Co Md.

Accident or Suicide?

M. Clark

Bolt Cemetery

Name
in
Full

John Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at. ^{Town} <i>Canton</i>		^{County} <i>Baltimore</i>		MARYLAND		
Date of death <i>1906</i>		^{Month} <i>Oct.</i>	^{Day} <i>15</i>	^{Years} <i>11</i>	^{Months} <i>9</i>	^{Days} <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>_____</i>					
Father's Name <i>Louis Miller</i>	Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Catherine Barnickel</i>	Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Catherine Limmer</i>	How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pyemia</i>	How long <i>20</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Pierre G. Dausch</i>	Address <i>131. Jackson Squarr</i>
Accident or Suicide?		

Sacred Heart Cemetery

Oct. 18th 1906

Germanus France

Underlain.

Name
in
Full

Susan J. Miles

CERTIFICATE OF DEATH

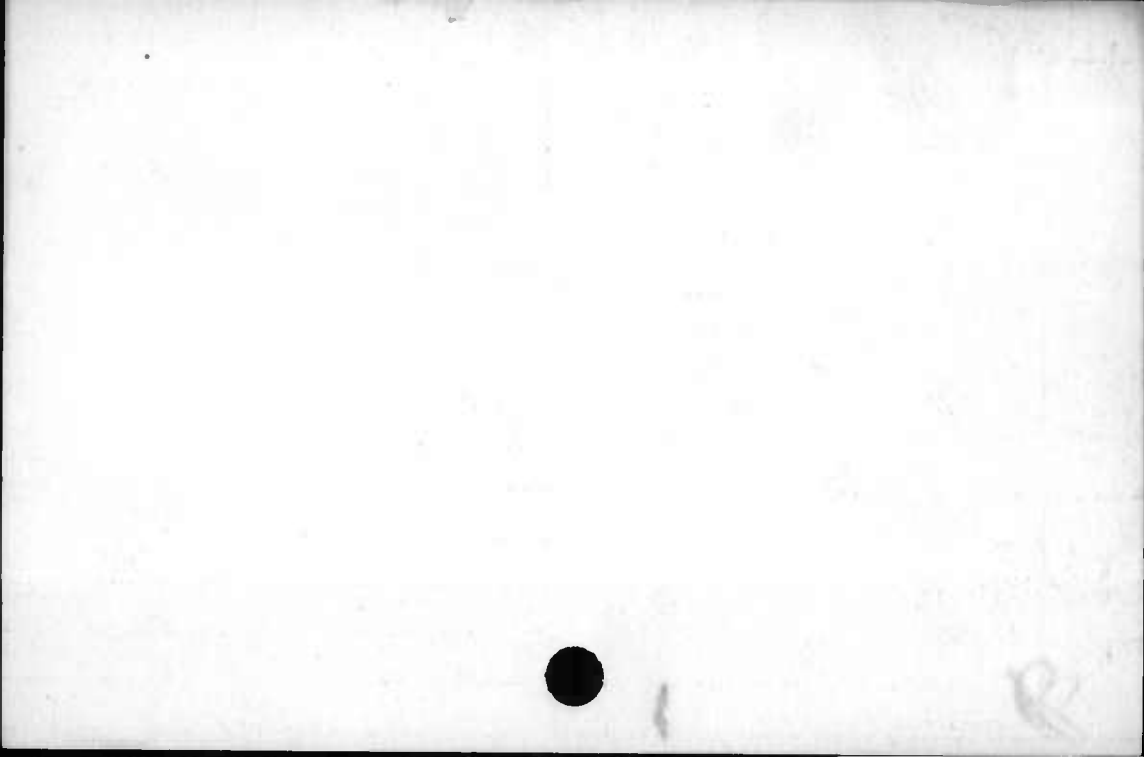
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Manly</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>15</i>	Age <i>68</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Geo W. Miles</i>			
Father's Name <i>Robert Caskey</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Elizabeth Geigley</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>William Miles</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Breast</i>	How long <i>2 yrs.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>(43)</i>
	Address <i>J. Ross Payne</i> <i>Corbett</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1906

Oct

4

Age

4

Years

Months

Days

Town

County

State

Maryland

Manner

Cause

Place

Time

Place

Time

Place

Time

Place

Time

Place

Time

Place

Time

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Place

Time

Place

Time

Place

Time

Place

Sex

male

Color or

Race

white

Birth-

place

Occupation

Clerk

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

about a year

How long

about a year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Lexas Md.

Accident or Suicide?

Interment Texas Cem-
Cub 6th

M. C. Brooks

In Full

Thomas Mitchell

CERTIFICATE OF DEATH

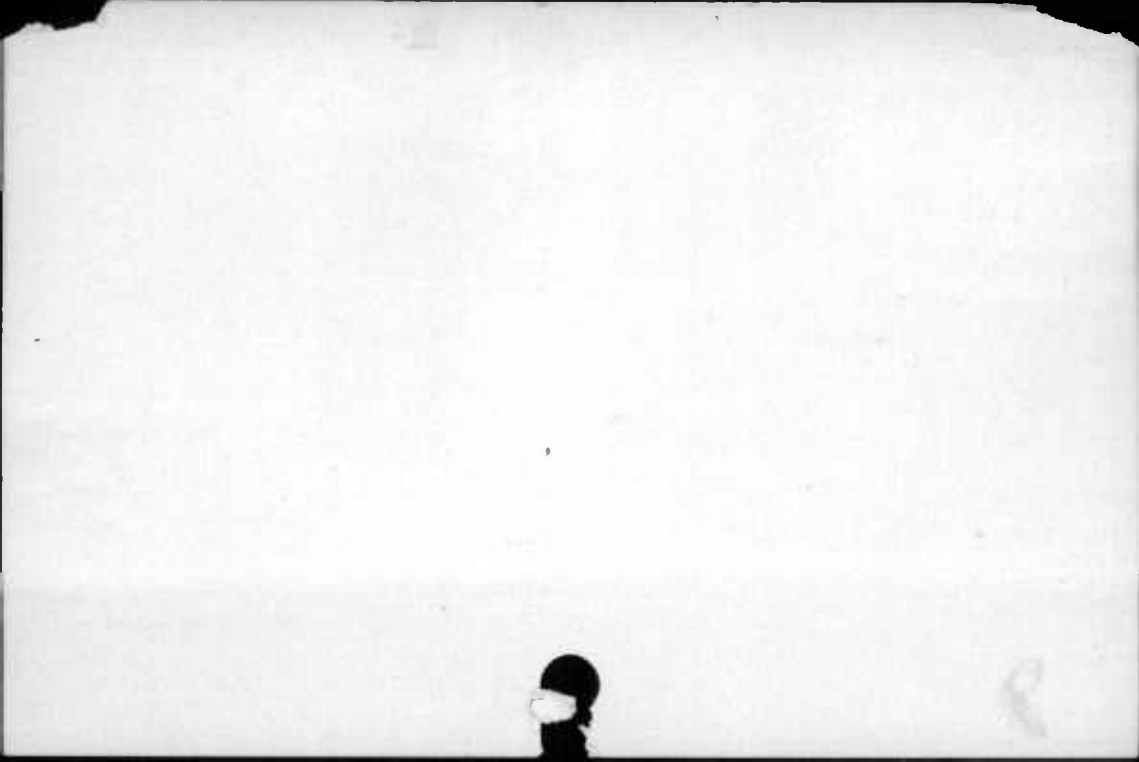
TO BE ANSWERED BY
NEAREST FRIEND

Died at		County		Baltimore		County		MARYLAND	
Date of death	1906	Month	Oct.	Day	17	Age	Years	26	Months
Sex	Male			Color or Race	White			Birth-place	Balto. Md.
Occupation	Clerk.				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Thomas Mitchell.				Father's Birthplace	
Mother's Maiden Name				Annio Luncheon				Mother's Birthplace	
Name of person giving information				Thomas Mitchell				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis Exhaustion	How long	1 week mos.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. W. Shaw	
Address		St Agnes' Hospital	
Accident or Suicide?			



Name in Full Many Louise Mooney		CERTIFICATE OF DEATH	
Died at West Roland Park ^{Town} Baltimore ^{County}		MARYLAND	
Date of death 1906 ^{Month} Oct ^{Day} 29 ^{Years} 72	Age 72	Months	Days
Sex Female	Color or Race Colored	Birth-place Balto Co Md	
Occupation Servant	Where Residing if not at place of death -		
Married, Single or Widowed Single	Name of Wife or Husband -		
Father's Name Charles Mooney	Father's Birthplace Unknown		
Mother's Maiden Name Catharine Tappney	Mother's Birthplace Balto C		
Name of person giving information Ellen Williams	How related to deceased Sister		
CAUSES OF DEATH			
Primary Mitral Regurgitation	How long Do not know		
Immediate Pericardial Effusion, Pleurisy	How long 2 weeks		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. Gibson Porter		
	Address Roland Park, Md		
Accident or Suicide? No.			

From Zion Church
Belona Ave

Oct 31-06

A. S. Marshall
3539 Falls Road

Name
in
Full

Frances Hannah Morey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Denis</i> Town		<i>Baltimore</i> County		MARYLAND								
Date of death	1906	Month	Oct.	Day	9	Years	Age	53	Months	11	Days	27
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore</i>					
Occupation	<i>—</i>					Where Residing if not at place of death	<i>—</i>					
Maiden , Single or Widowed			Name of Wife or Husband	<i>George H. Morey</i>								
Father's Name	<i>Wm C. Barker</i>						Father's Birthplace	<i>England</i>				
Mother's Maiden Name	<i>Frances A. Bowron</i>						Mother's Birthplace	<i>England</i>				
Name of person giving information	<i>Wm J. Barker</i>						How related to deceased	<i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio Sclerosis</i>	How long	<i>5 years</i>
Immediate	<i>Cerebral hemorrhage & hemiplegia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm R. Eareckson</i>
		Address	<i>Eek Ridge Md</i>
Accident or Suicide?			

J. Evans & Sons
Cedar Hill

Name
in
Full

Victorine Pauline Murphy

CERTIFICATE OF DEATH

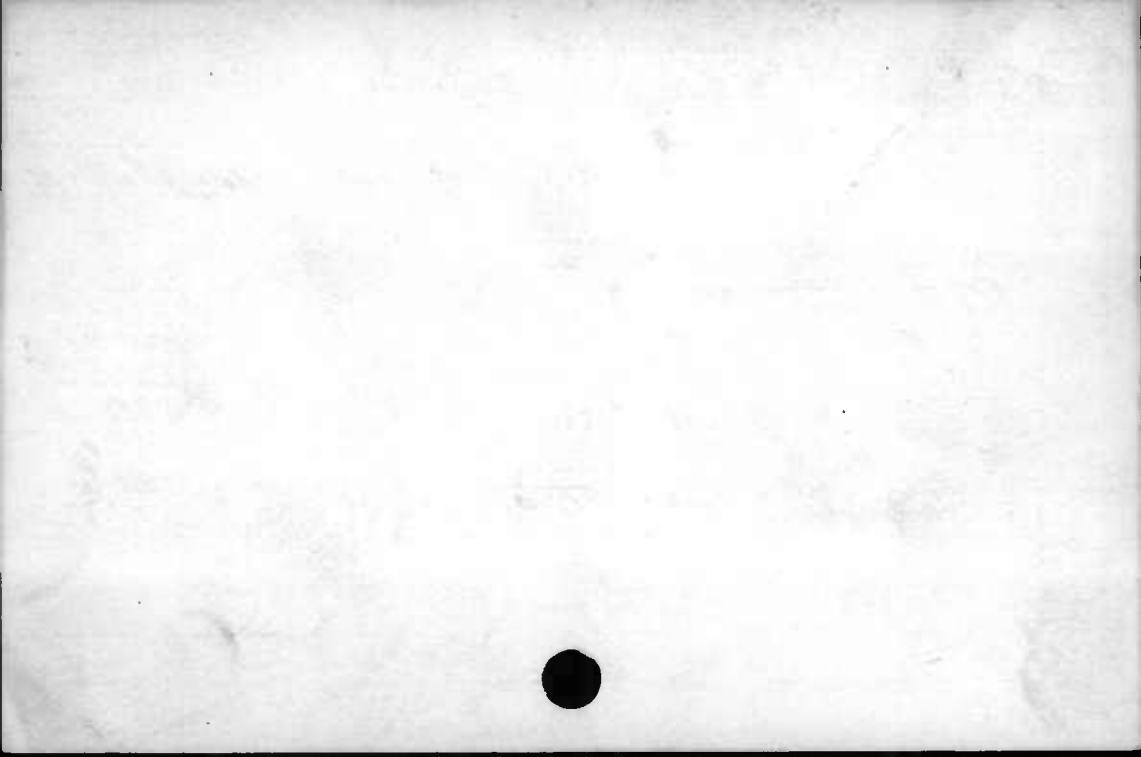
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Aella</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u>	<u>Oct.</u> <small>Month</small>	<u>2</u> <small>Day</small>	<u>6</u> <small>Years</small>	<u>6</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation			Where Residing If not at place of death		
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<u>Joseph O. Murphy</u>			<u>Maryland</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Mary L. Lingenfelder</u>			<u>Maryland</u>		
Name of person giving information			How related to deceased		
<u>Joseph O. Murphy</u>			<u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Colic</u>	How long	<u>3 hours</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Thos B. Brown</u>	
Address		<u>Baltimore City</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary C. Noppenbrger

Chertask Ridge Town *Bath* County

1906 Date of death *Feb* Month *25* Day *72* Age *about* Months *0* Days

Female Sex *White* Color or Race *Germany* Birth-place

Domestic Occupation *—* Where Residing if not at place of death

Widow Married, Single or Widowed *Joseph Noppenbrger* Name of Wife or Husband

— Father's Name *—* Father's Birthplace

— Mother's Maiden Name *—* Mother's Birthplace

Joe Noppenbrger Name of person giving information *Son* How related to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Neplinter Primary *120* How long *Seven months*

Cardiac Paralysis Immediate *Sudden* How long

Yes Are the name, age, sex, color, date and place correctly given above?

D. T. Boney Signature of Physician

Jersey Ind. Address

8 Accident or Suicide?

Interment at Texas
Cemetery Saturday
Oct-27th

W. C. Brooks.

Name
in
Full

Howard A. Nottingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Burlington*

^{County} *Baltimore*

Date of death 1906 ^{Month} *October*

^{Day} *4th*

^{Years} *Age 26*

^{Months}

^{Days} *6*

Sex *Male*

Color or Race

White

Birth-place

Baltimore

Occupation

Stone

Where Residing if not at place of death

1008 W. Lanvale St.

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

George E. Nottingham

Father's Birthplace

Virginia

Mother's Maiden Name

Ellen P. Warner

Mother's Birthplace

Balto, Md.

Name of person giving information

Geo W Edwards

How related to deceased

Uncle

CAUSE OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

2 yrs 6 mo.

Immediate

asthenia

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

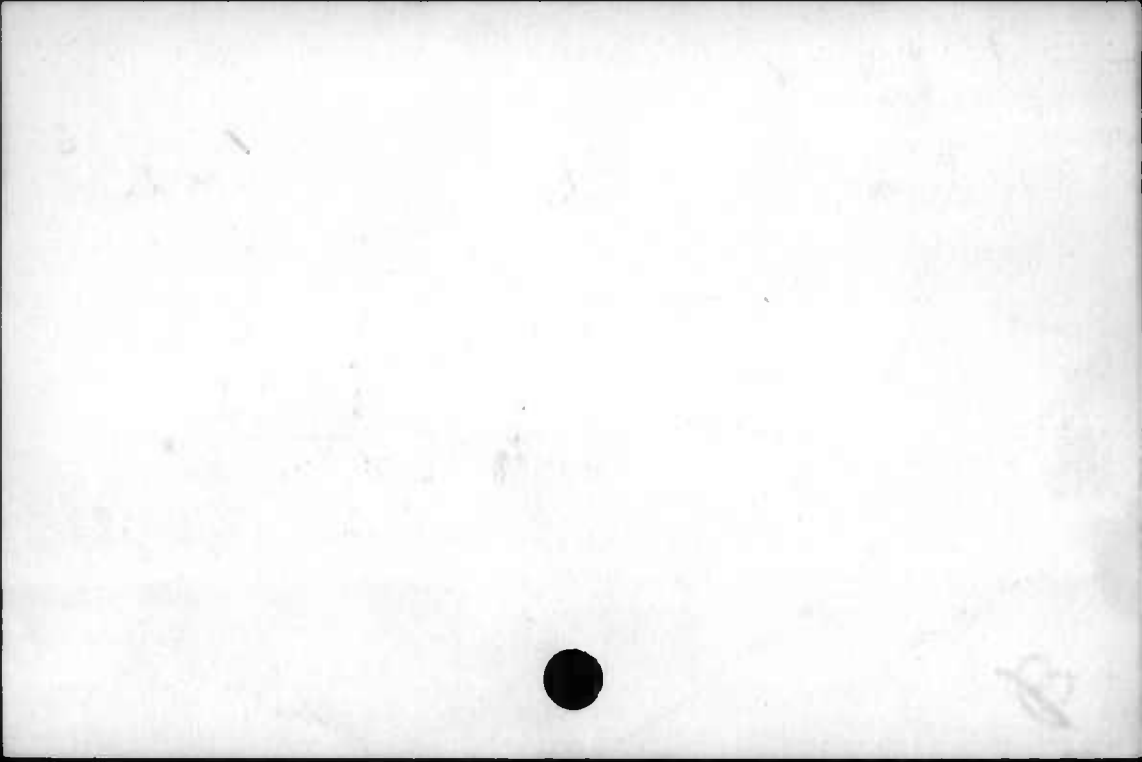
H. F. Handley

Address

S. W. E. City

Accident or Suicide?

8



Name
in
Full

CERTIFICATE OF DEATH

Julia O'Brien

Town

County

MARYLAND

Died at *Ellicott City**Balto*Date
of death *1906*

Month

Octo

Day

4

Age

Years

61

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Ir- Ireland*

Occupation

*Retired*Where Residing if not
at place of death*Ellicott City Balto Co*Married, Single
or Widowed*Married*Name of Wife or
Husband*John W. O'Brien*Father's
Name*John Gibbons*Father's
Birthplace*Ireland*Mother's
Maiden Name*Mary Lyons*Mother's
Birthplace*Ireland*Name of person giving
information*John W O'Brien*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

4 days

Immediate

Paralysis

How long

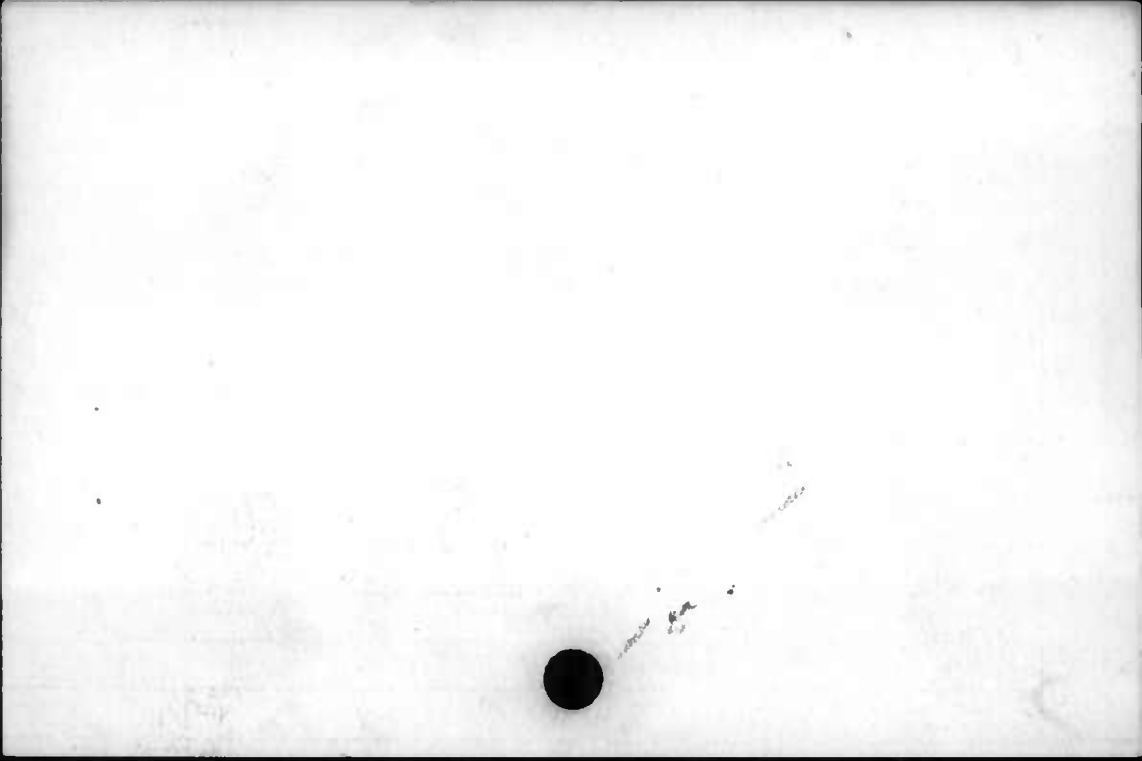
*4 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*B. J. Byrne*

Address

Ellicott City Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John Padian* Town *Towson* County *Baltimore*

Died at *Towson*

Date of death *1906* Month *Oct.* Day *3* Age *74* Years Months *9* Days *8*

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Contractor* Where Residing if not at place of death *Towson*

Married, Single or Widowed *Married* Name of Wife or Husband *Catharine Padian*

Father's Name *Richard Padian* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Carlos* Mother's Birthplace *Ireland*

Name of person giving information *Joe Padian* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Neuroasthenia* How long *Two years*

Immediate *Chronic Bronchitis* How long *Six months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James H. Garrett*

Address *Towson Md!*

Accident or Suicide? *No*

John Burns Song
Tolson

Mt. Maria Cerr
Tolson

Name
in
Full

Samuel L. Parks

CERTIFICATE OF DEATH

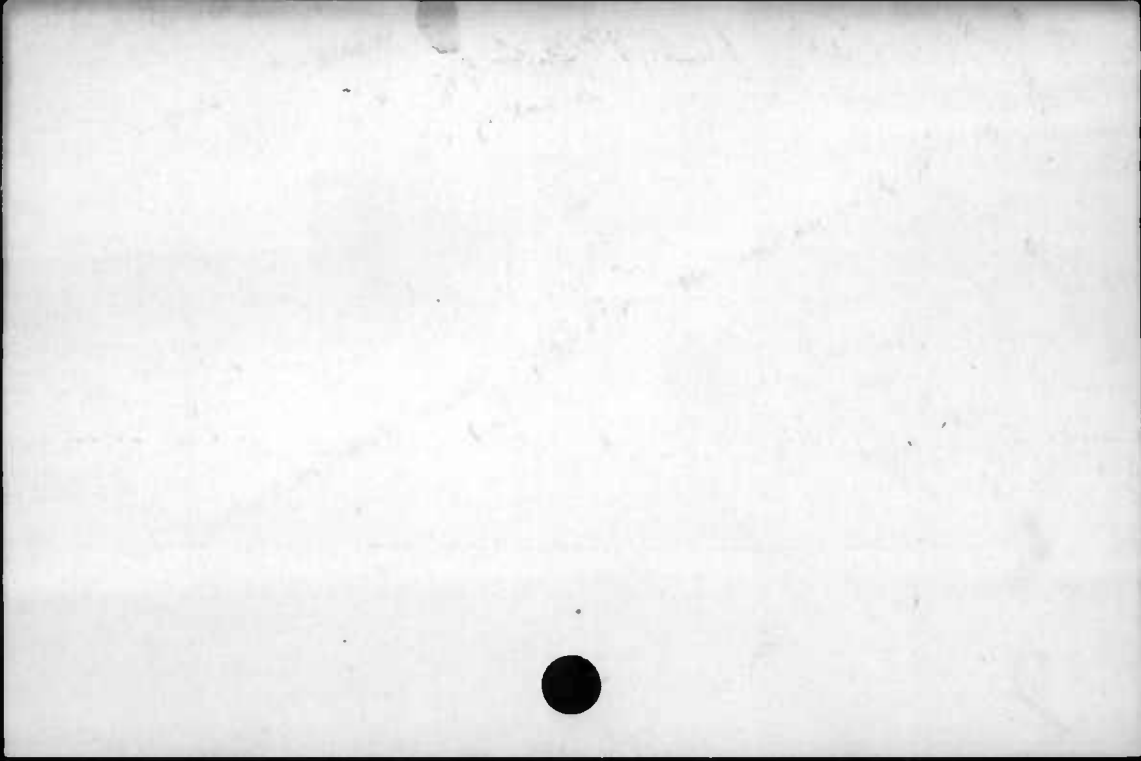
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catoonsville</u> ^{Town}		<u>Bath</u> ^{County} <u>Co</u>		MARYLAND	
Date of death <u>1906</u>	<u>Oct</u> ^{Month}	<u>31</u> ^{Day}	<u>45</u> ^{Years}	<u>4</u> ^{Months}	<u>0</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Bath Co</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Sarah Parks</u>			
Father's Name <u>James Parks</u>			Father's Birthplace <u>Permer</u>		
Mother's Maiden Name <u>Annie Parks</u>			Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>Sarah Parks</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diabetes</u>	<u>50</u>	How long <u>4 yrs</u>
Immediate <u>Exhaustion</u>		How long <u>4 mos</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Robt. Maitfeldt</u>	Address <u>Catoonsville Md</u>
<u>2</u> Accident or Suicide?		



Name
in
Full

Rosetta Emily Pettie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Alberton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND		
Date of death <u>1906 Oct</u>		Month <u>Oct</u>	Day <u>3</u>	Years <u>22</u>	Months <u>3</u>	Days <u>15</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Virginia</u>			
Occupation <u>Bottom Mill Operator</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Andrew W. Pettie</u>	Father's Birthplace <u>Virginia</u>					
Mother's Maiden Name <u>Isabella F. Pitt</u>	Mother's Birthplace <u>Virginia</u>					
Name of person giving information <u>Myrtle L. Pettie</u>	How related to deceased <u>Sister</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>4 weeks</u>
Immediate <u>Asthenia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm B Gambrell,</u>
<u>7</u>	Address <u>Alberton, Md.</u>
Accident or Suicide?	



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Price*
Town *Ashland*County *Baltimore*Date
of death *1906*Month *Oct*Day *11*Years *49*
Age

Months

Days

Sex *Male*Color or
Race *White*Birth-
placeOccupation *Laborer*Where Residing if not
at place of death*Ashland*~~Married, Single~~
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Wm. Field Price*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Embolism + Thrombosis

How long

1 month

Immediate

Cerebral Softening

How long

*2 weeks*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Dr. J. E. Benson*

Address

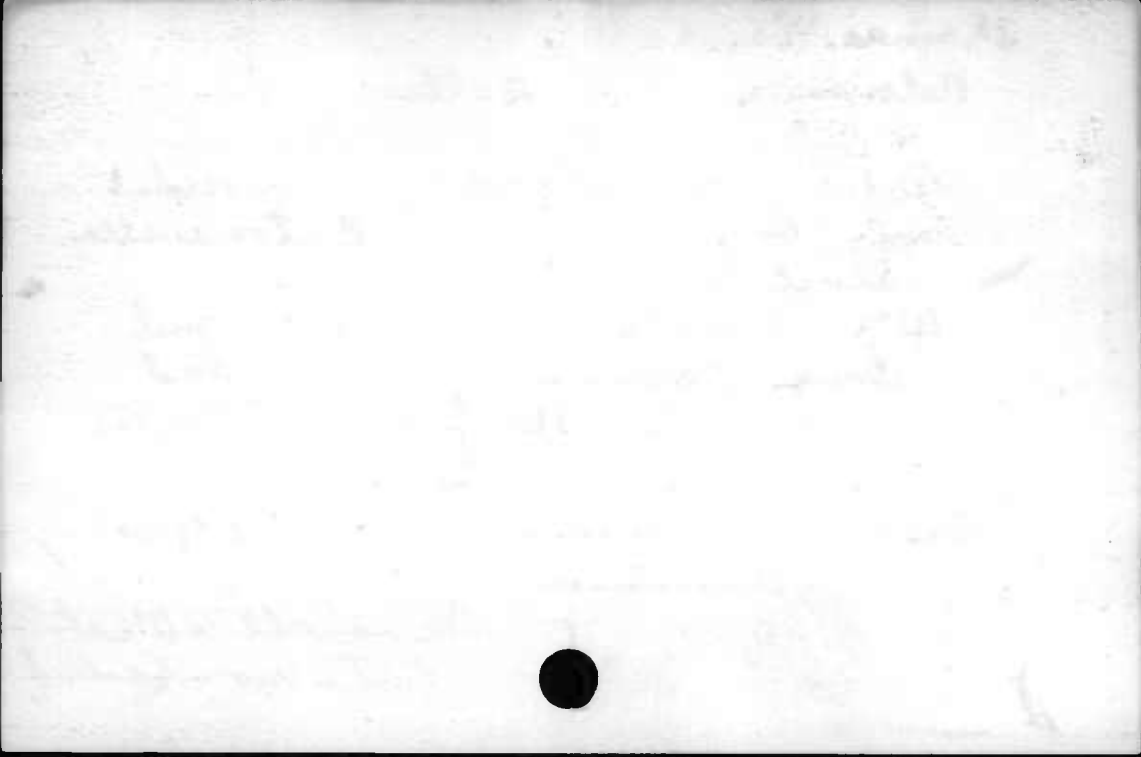
Buckeyville, Mo.

Accident or Suicide?

Interments at Poplar
Cemetery Oct 14

W. C. Brooks

Name in Full		Earnest Raab				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>508 3rd St. Canton</u> <small>Town</small>			<u>Bolton</u> <small>County</small>		MARYLAND		
	Date of death <u>1906</u> <small>Month</small> <u>Oct</u> <small>Day</small> <u>18</u>		Age <u>68</u> <small>Years</small>		<u> </u> <small>Months</small>		<u> </u> <small>Days</small>	
	Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Germany</u>			
	Occupation <u>Farmer</u>			Where Residing If not at place of death <u> </u>				
	Married, Single or Widowed <u> </u>			Name of Wife or Husband <u>Caroline Raab</u>				
	Father's Name <u>Simon Raab</u>			Father's Birthplace <u>Germany</u>				
	Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Caroline Ellenberger</u>			How related to deceased <u>daughter</u>					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <u>Nephritis</u>			<u>120</u>		How long <u>abt 1 year</u>		
	Immediate <u>pneumonia</u> <u>secondary</u>					How long <u>abt 1 month</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>J. W. Wright</u>				
	Accident or Suicide? <u> </u>			Address <u>S.E. Co. Canton & D. Elm Sts. Bolton Md.</u>				



Name
in
Full

James. Randall,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Catonsville ^{County} Balto, MARYLAND

Date of death 1906 ^{Month} Oct ^{Day} 6 Age ^{Years} 15 ^{Months} ^{Days}

Sex male Color or Race Colored Birth-place Md

Occupation School boy. Where Residing if not at place of death Catonsville

~~Married, Single~~ Single ~~Name of Wife or~~ ~~or Widowed~~ ~~Husband~~

Father's Name Wm Randall Father's Birthplace Md.

Mother's Maiden Name Annie Loewen Mother's Birthplace Md

Name of person giving information Wm Randall Jr How related to deceased Brother

CAUSES OF DEATH

Primary Pulmonary Tuberculosis. How long 6 mos.

Immediate Asthenia How long 2 mos.

Are the name, age, sex, color, date and place correctly given above?

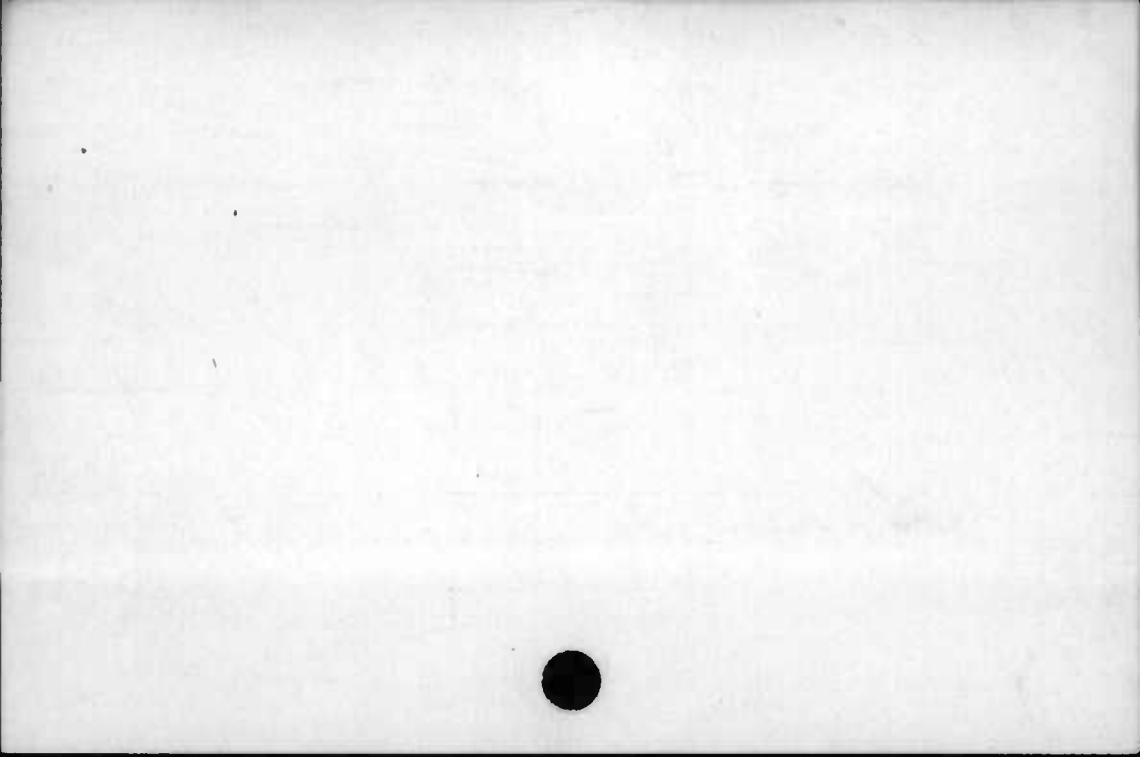
yes

Signature of Physician

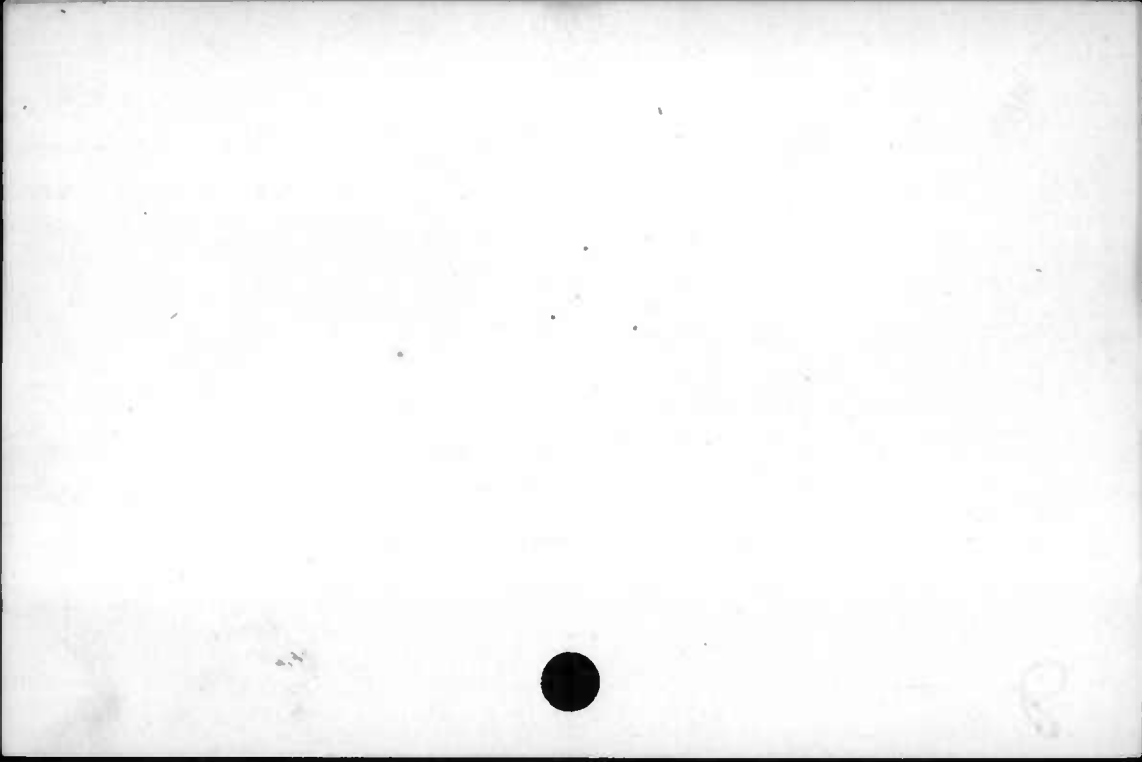
Marshall B West,
Catonsville Md

Address

Accident or Suicide?



Name in Full		Infant of Mr. + Mrs Millard Randoe						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rogers Station		County Ballwin		MARYLAND		
	Date of death		1906	Month Oct.	Day 18	Age	Years	Months	Days
	Sex		Female		Color or Race		white		Birth-place
	Occupation				Where Residing if not at place of death				
	Married, Single or Widowed				Name of Wife or Husband				
	Father's Name		Millard Randoe				Father's Birthplace		Ind.
	Mother's Maiden Name		Fishbaugh				Mother's Birthplace		"
Name of person giving information						How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Still born -				How long		4 mo -
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?		yes -		Signature of Physician		Harry A. Mayton		
					Address		Tuxville Ind.		
	Accident or Suicide?								



Name
in
Full

Ida E. Read

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Goravus Town*^{County} *Baltimore*

MARYLAND

Date of death *1906 Oct*Day *14*Years *46*Months *—*Days *—*Sex *Female*Color or
Race*white*Birth-
place*Maryland*

Occupation

*House wife*Where Residing if not
at place of death:*Goravus town Md*Married, Single
or Widowed*Married*Name of Wife or
Husband*Howard A. Read*Father's
Name*Geo. H. Hooker*Father's
Birthplace*Penn*Mother's
Maiden Name*Martha Howard*Mother's
Birthplace*Maryland*Name of person giving
In formation*Annie Read*How related
to deceased*Sister in law*

CAUSES OF DEATH

Primary

Tubercular Meningitis

How long

2 1/2 weeks

Immediate

Exhaustion

How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*E. H. Duncan*

Address

*Goravus town**Md*

Accident or Suicide?

Undertaker

W. M. Routsom,

London Park Cemetery

Name
in
Full

Edna - Redd

CERTIFICATE OF DEATH

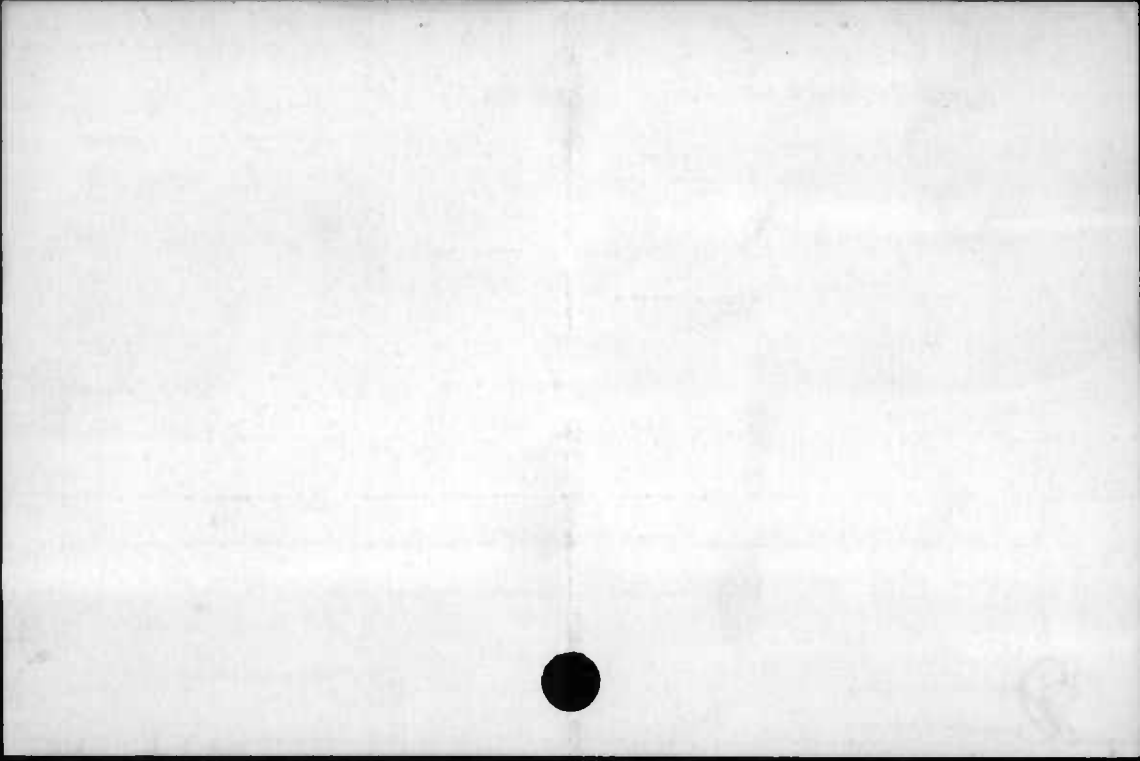
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrow's Point</i>		County <i>Balto.</i>		MARYLAND	
Date of death	Month <i>Oct.</i>	Day <i>3</i>	Years <i>47</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>negro</i>		Birth-place <i>Unknown</i>		
Occupation <i>Laborer</i>	Where Residing If not at place of death <i>Unknown</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Joe Blair</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Explosion at furnace</i>	How long
Immediate <i>Accident</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joe Blair (Coroner)</i>
	Address <i>Harrow's Point Md.</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

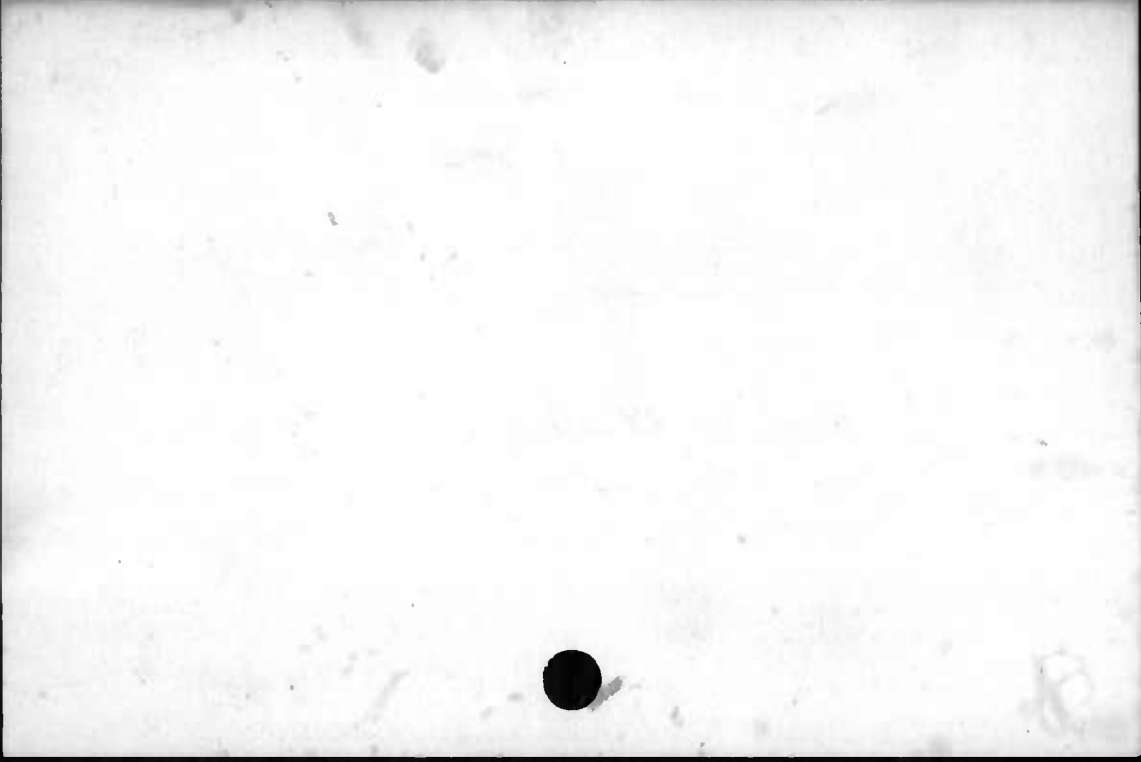
TO BE ANSWERED BY
NEAREST FRIEND

Name		Town		County		State					
Died at		Chesapeake		Baltimore		Maryland					
Date of death		1906	Month	Oct	Day	18th	Years	3	Months	9	Days
Sex		Male		Color or Race		White		Birth-place		Baltimore	
Occupation				Where Residing if not at place of death		1045 S. Sharp St					
Married, Single or Widowed				Name of Wife or Husband							
Father's Name		John H. Reid		Father's Birthplace		Harper, Ind.					
Mother's Maiden Name		Mary Wolfgram		Mother's Birthplace		Baltimore					
Name of person giving information		Marshall Reid		How related to deceased		Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental	How long	1000
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	David Thompson
		Address	1500 Highland Ave. Baltimore Co. Md.
Accident or Suicide?	Accident		



Name
in
Full

George A. Rosenhaner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Willow Grove.		^{County} Baltimore		MARYLAND									
Date of death	1906	Month	Oct.	Day	7	Age	57	Years		Months		Days	
Sex	Male		Color or Race	White		Birth-place	Germany						
Occupation	Engineer				Where Residing if not at place of death		Sundays						
Married, Single or Widowed	Widower		Name of Wife or Husband		—								
Father's Name	—					Father's Birthplace	—						
Mother's Maiden Name	—					Mother's Birthplace	—						
Name of person giving information	Emile A. Kaiser					How related to deceased	— None						

CAUSES OF DEATH

Primary

Heart Trouble

How long

19

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

David A. Thompson

Address

1800 Highland Ave.
Baltimore Co Md.

Accident or Suicide?

—

PHYSICIAN
OR CORONER

8

A. F. Philbin
Holy Cross

Name
in
Full

Lily Ruhland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balto		MARYLAND	
Date of death	1906	Month Oct	Day 16	Age Years	6	Months	11 Days
Sex	Female		Color or Race	white		Birth- place	Balto. Co.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Charles Ruhland			Father's Birthplace	
Mother's Maiden Name			Minnie Koch			Mother's Birthplace	
Name of person giving In formation			Matilda Koch			How related to deceased	
						Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro - Enteritis	How long	2 mos.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. A. Morganhauk	
		Address	
		J. H. Dispensary	
Accident or Suicide?			

H. Sanders & Sons -

Oct. 18 - 06 -

1st Evangelical Com -

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Oct.	16			2	29
Sex		Color or Race		Birth-place			
male		white		810 1st St.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Samuel M. Saunders				Va.			
Mother's Maiden Name				Mother's Birthplace			
Catherine McMuldoon				Baltimore Md.			
Name of person giving information				How related to deceased			
S.M. Saunders				Father			

CAUSES OF DEATH

Primary	<i>Intense indigestion</i>	How long	<i>2-3 weeks</i>
Immediate	<i>convulsion</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. M. Mough</i>
		Address	<i>S.E. Co Canton + Dill f to B... ..</i>
Accident or Suicide?			

H. Sanders & Sons
Secret heart Cemetery

Name
in
Full

Albert Schaefer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>Oct.</u>	Day <u>10th</u>	Age <u>26</u> Years	Months <u>6</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Balto Co.</u>		
Occupation <u>R.R. Employee</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Wm Schaefer</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Margaret Neubauer</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Margaret Schaefer</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>12 mths</u>
Immediate <u>Anthrax</u>	How long <u>one mth.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. L. Burke M.D.</u>
	Address <u>218 O'Donnell St</u>
Accident or Suicide? <u>—</u>	

Sacred Heart Cemetery

Oct 13 th 1906

Germanus Thayer

Undertaker

Name

In
Full

Annle Marie Schaller

CERTIFICATE OF DEATH

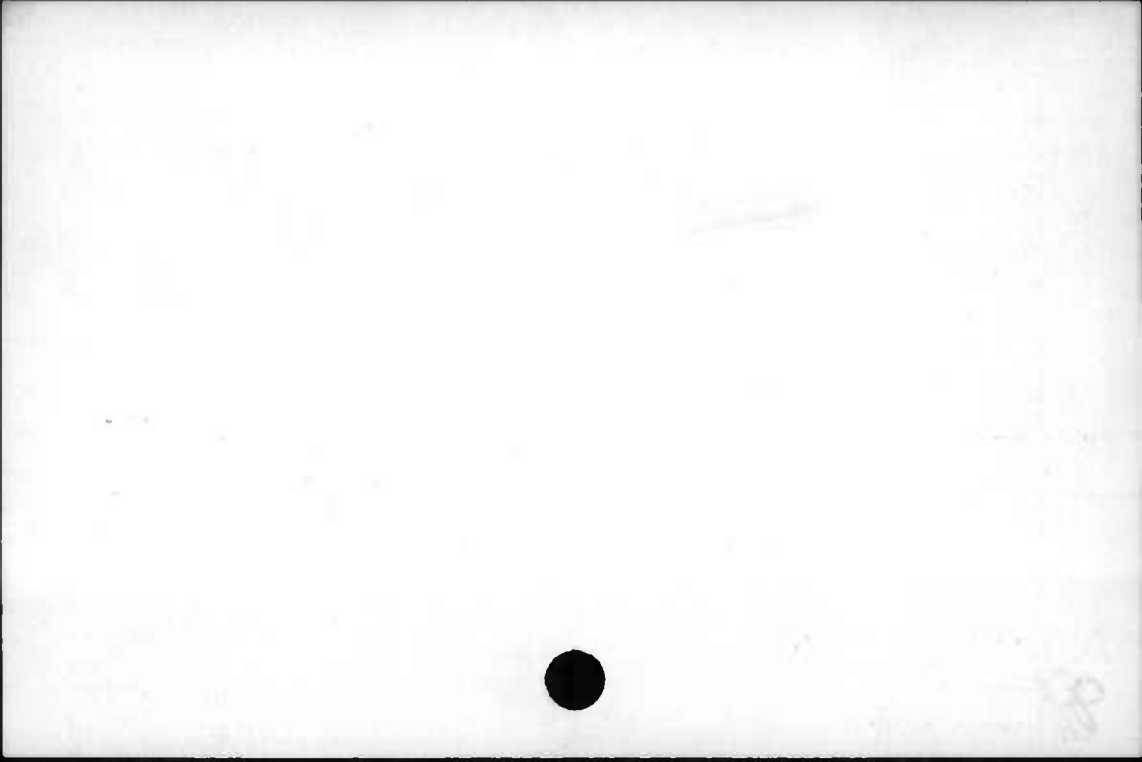
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>403 First St</i> ^{Town} <i>Canton</i> ^{County} <i>Baltimore Co.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>25</i>	Age <i>5</i> Years <i>5</i> Months <i>21</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Baltimore</i>	
Occupation <i>_____</i>	Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>_____</i>	Name of Wife or Husband <i>_____</i>		
Father's Name <i>Frederick Schaller</i>	Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Mary C. Keil</i>	Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Mary C. Schaller</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>93</i>	How long	<i>_____</i>
Immediate	<i>Pneumonia</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. L. Smith</i>
		Address	<i>528 Hamner St</i>
Accident or Suicide? <i>_____</i>			



Name
in
Full

Franz Schloffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highland</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>Oct.</u>	Day <u>21</u>	Age <u>76</u> Years	Months <u>4</u> Days <u> </u>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Brewer</u>		Birth-place	<u>Germany</u>	
Where Residing if not at place of death <u> </u>					
Married, Single or Widowed	<u>Widower</u>		Name of Wife or Husband	<u>Anna Igel Schloffer</u>	
Father's Name	<u>don't know</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>don't know</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Charles Schloffer</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>arterio-sclerosis</u>	How long	<u>15 years or more</u>
Immediate	<u>apoplexy</u>	How long	<u>More</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>Dr. J. A. Gaultz</u>
		Address	<u>41 Eastern Ave.</u>
Accident or Suicide?			

Holy Redeemer Cemetery

Oct. 24th 1906

Germanus Franer

Inclos later

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mary Schrockett*
Died at *Balt Co. Alum House* *Balt.*
Date of death *1906* *Feb* *3* *09*
Sex *female* Color or Race *white* Birth-place *and known*
Occupation *none* Where Residing if not at place of death *Alum House*
Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *—* Father's Birthplace *—*
Mother's Maiden Name *—* Mother's Birthplace *—*
Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

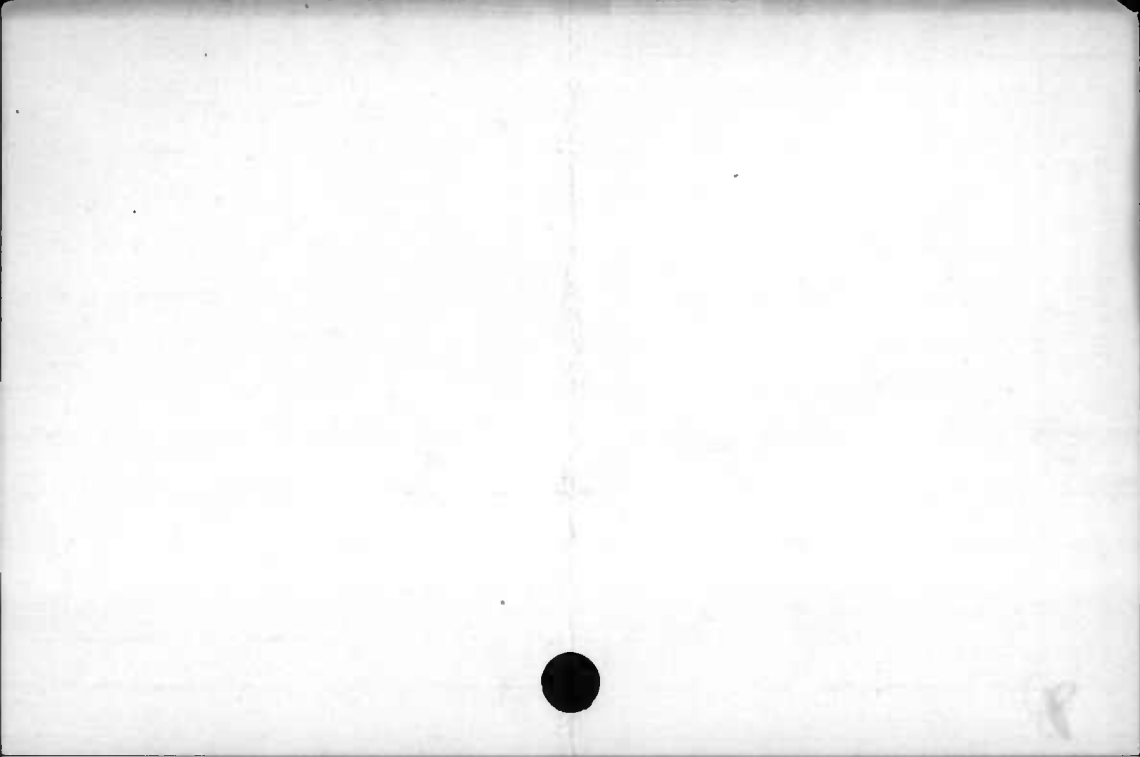
PHYSICIAN
OR CORONER

Primary *Dilatation of Heart* How long *about 2 Yrs*
Immediate *Heart failure* How long *—*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *Thos C. Bunn M.D.*
Address *Fergus Md.*
Accident or Suicide? *9*

Henry Backus
1301 E. Eagle St.

John Redman Country

Name in Full		Mami A. Schulteis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bearn Dam		County		Balto-
	Date of death		1906	Month	Oct	Day	6
	Age		33		Years		33
	Sex		Female		Color or Race		White
	Occupation		Domestic		Birth-place		Bearn Dam
	Where Residing if not at place of death		at Bearn Dam				
	Married, Single or Widowed		Widow		Name of Wife or Husband		Albert Schulteis
PHYSICIAN OR CORONER	Father's Name		Patrick Scally		Father's Birthplace		Ireland
	Mother's Maiden Name		Anna Cummings		Mother's Birthplace		Ireland
	Name of person giving information		Patrick H. Scally		How related to deceased		Brother
	CAUSES OF DEATH						
	Primary		Tubercular Pneumonia		How long		3 weeks
Immediate		Dilatation of Heart		How long		Several months	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		D. T. Barry	
				Address		Lexington, Md.	
Accident or Suicide?							



Name in Full		E. has Schurbert				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Canton		County Balto		MARYLAND	
	Date of death	1906	Month Oct	Day 9	Age	Months 4	Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	None			Where Residing if not at place of death	803 First St	
	Married, Single or Widowed	Single			Name of Wife or Husband		
	Father's Name	C. has Schurbert			Father's Birthplace	Balto Co	
PHYSICIAN OR CORONER	Mother's Maiden Name	Bertha Burk			Mother's Birthplace	St St Co	
	Name of person giving information	E. has Schurbert			How related to deceased	Parents	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary				How long	one week	
	Immediate	Pneumonia			How long		
	Are the name, age, sex, color, date and place correctly given above?			yes.	Signature of Physician	J. H. Magnus. M. D.	
				Address	820 Canton St. Baltimore Md.		
	Accident or Suicide?						

1 St German Cem

Oct 11 to 1806

St Nicholas & son

1820 Canton Ave

Name
in
Full

Sam Schubert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Oct	12			3	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birthplace	<i>Balto Co</i>
Occupation	<i>None</i>			Where Residing if not at place of death		<i>803 First St</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Chas Schubert</i>					Father's Birthplace	<i>Balto Co</i>
Mother's Maiden Name	<i>Bertha Burk</i>					Mother's Birthplace	<i>A. A. Co</i>
Name of person giving information	<i>Chas Schubert</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary

non-closure of Foramen ovale

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Thos. H. Magnus, M.D.
820 Canton St.

Accident or Suicide?

1st German Cem

Oct 13th 1906

St Nicolaus & Son

1820 Canton Ave

Name
in
Full

Missouri Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crossen</i>		Town		County <i>Balt</i>		MARYLAND							
Date of death	<i>1906</i>	Month	<i>Oct.</i>	Day	<i>4</i>	Age	<i>22</i>	Years	<i>—</i>	Months	<i>—</i>	Days	<i>—</i>
Sex	<i>female</i>			Color or Race	<i>(Col)</i>			Birthplace	<i>MD</i>				
Occupation	<i>Housework</i>			Where Residing if not at place of death				<i>Crossen</i>					
Married, Single				Name of Wife or Husband									
Father's Name	<i>Geo. Scott</i>							Father's Birthplace	<i>MD.</i>				
Mother's Maiden Name	<i>Wortha Bodley</i>							Mother's Birthplace	<i>MD</i>				
Name of person giving information	<i>Harrison Scott</i>							How related to deceased	<i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic interstitial Nephritis</i>	How long	<i>20</i> <i>2 years</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. Gaylen Owen M.D.</i>
<i>yes</i>		Address	<i>Crossen MD</i>
<input checked="" type="checkbox"/> Accident or Suicide?			

Robert A Elliott
506 Royce Ave
Lawson Cemetery Colored

Name
in
Full

Charles Upton Shank

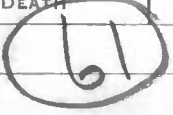
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pimlico</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>October</i>	Day <i>18</i>	Years <i>42</i>	Months <i>2</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Mt. Alto, Franklin Co. Pa.</i>	
Occupation <i>Cigar Salesman</i>		Where Residing if not at place of death <i>Pimlico</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Kate Shank - wife</i>				
Father's Name <i>Samuel S. Shank</i>	Father's Birthplace <i>Quincy Pa.</i>				
Mother's Maiden Name <i>Sarah Beckner</i>	Mother's Birthplace <i>Quincy Pa.</i>				
Name of person giving information <i>Kate Shank - wife</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>		How long <i>2 Weeks</i>
Immediate <i>Exhaustion</i>		How long <i>.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edgar M. Parlett</i>	Address <i>1201 W. Lexington St. Baltimore, Md.</i>
Accident or Suicide? <i>No</i>		

Druid Ridge Cemetery

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

Name

in Full

CERTIFICATE OF DEATH

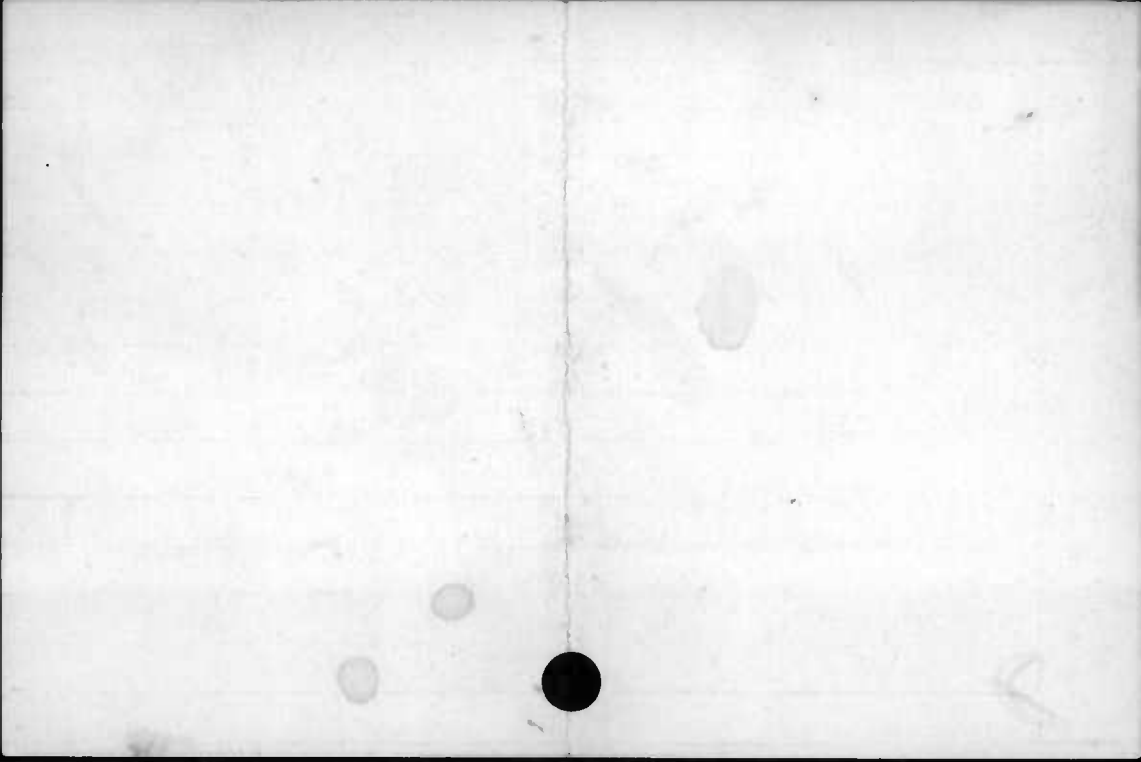
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buckhysville</i> ^{Town}			County <i>Balto</i>			MARYLAND	
Date of death 190 <i>6</i>	Month <i>10</i>	Day <i>18</i>	Age <i>87</i>	Years	Months <i>1</i>	Days <i>2</i>	
Sex <i>Female</i>		Color or Race <i>or white</i>		Birth-place <i>Hanover</i>			
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>William Sinclair</i>							
Father's Name <i>Philip Hohmann</i>				Father's Birthplace			
Mother's Maiden Name <i>Christena Wilhelm</i>				Mother's Birthplace			
Name of person giving information <i>Laura Baubitz</i>				How related to deceased <i>Granddaughter</i>			

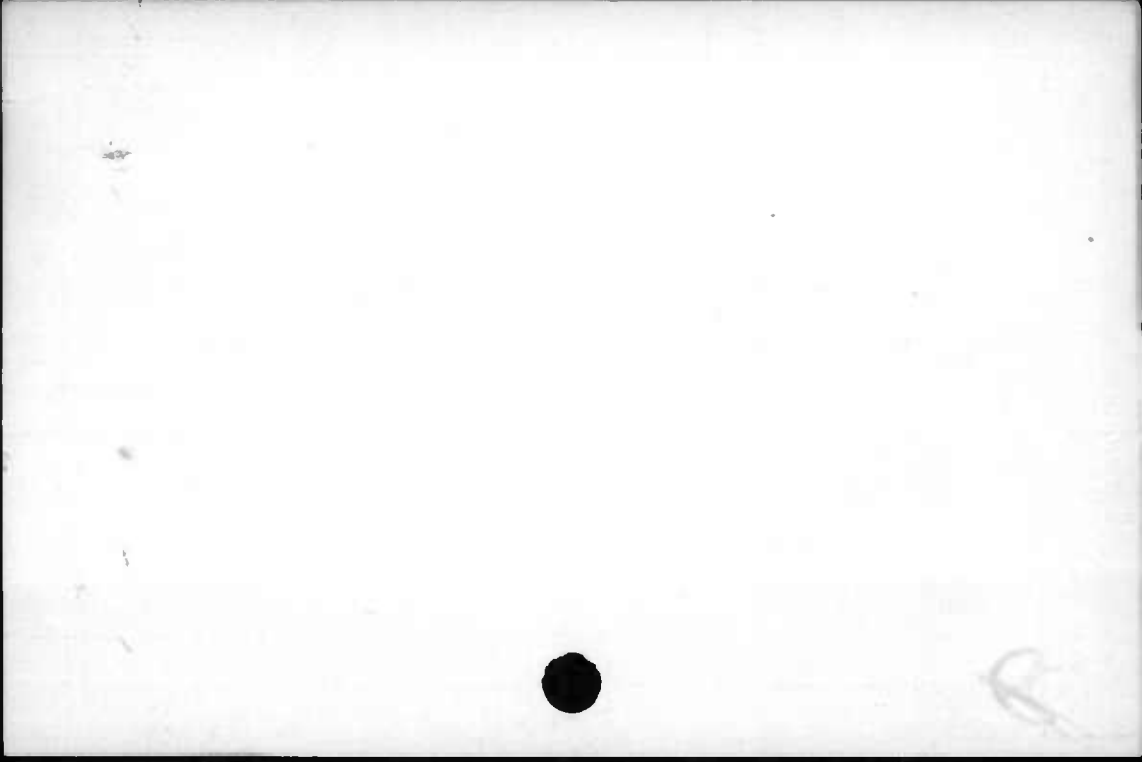
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile of old age + a fracture</i>	How long <i>9 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. D. M. Rush</i>
<i>J</i>	Address <i>Buckhysville, Ind.</i>
	Accident or Suicide?



Name in Full		Daisy Selma Smith				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND	Died at		Waller ^{Town}		Balt ^{County}		MARYLAND							
	Date of death	1906	Month	Oct	Day	20	Age	Years	1	Months	4	Days	—	
	Sex	Female		Color or Race	white		Birth-place	md						
	Occupation					Where Residing if not at place of death								
	Married, Single or Widowed					Name of Wife or Husband								
	Father's Name					Chas E Smith					Father's Birthplace		md	
	Mother's Maiden Name					Martha E Appleby					Mother's Birthplace		md	
	Name of person giving information										How related to deceased		—	
CAUSES OF DEATH														
PHYSICIAN OR CORONER	Primary		Coagulation of lung					How long		18 hours				
	Immediate							How long						
	Are the name, age, sex, color, date and place correctly given above?		yes					Signature of Physician		J. H. W. Tanner md				
								Address		Middle River md				
	Accident or Suicide?		no											



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John M Sneed*

Town *Arlington* County *Dacts* MARYLAND

Died at *Arlington*

Date of death 190 *6* *Oct* *29* Age *65* Months *9* Days *16*

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Painter* Where Residing if not at place of death *Arlington*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Rebecca Sneed*

Father's Name *John T. Sneed* Father's Birthplace *Md*

Mother's Maiden Name *Lydia Brown* Mother's Birthplace *"*

Name of person giving information *Harry B. Sneed* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Electric Shock* How long *Instant.*

Immediate *Shock* How long *Instant*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *W. B. Cox M.D.*

Address *Arlington*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt Hope Retreat* *Baltimore* CountyDate of death *1906* *Oct* *9th* *9th* *21* *21* *Unknown* *Unknown* Months DaysSex *Female* Color or Race *White* Birthplace *Baltimore*Occupation *Dressmaker* Where Residing if not at place of death *2649 York Road*
*Baltimore Md.*Married ~~Single~~ *Single* Name of Wife or HusbandFather's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *"*Mother's Birthplace *"*Name of person giving information *Reeds Mt Hope Retreat*How related to deceased *Not at all*

CAUSES OF DEATH

Primary *Acute (Febrile) Mania*How long *12 or 13 days*Immediate *Ex -*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Frank J. Flannery M.D.*Address *Mt Hope Retreat*
Baltimore & Md.

Accident or Suicide?



2

Name
in
Full

Geo. W. Sraver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Balto.</i>		MARYLAND	
Date of death 190 ^{Month} <i>6</i> ^{Day} <i>10</i>		Age ^{Years} <i>7</i>		^{Months} <i>9</i> ^{Days} <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Co.</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>1401 - 4th St.</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Geo. Sraver</i>		Father's Birthplace <i>Balto. Co.</i>			
Mother's Maiden Name <i>Mary Gebhardt</i>		Mother's Birthplace <i>Balto</i>			
Name of person giving information <i>Geo Sraver</i>		How related to deceased <i>Father</i>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <i>Scarlet fever</i>	(49)	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>		How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John L. Miller M.D.</i>
Accident or Suicide? <i>no</i>		Address <i>32nd Street Highlandtown</i>

St. Paul linn
Hermig & Son
10/10/06

Name
in
Full

Florence Vernon Stansbury

CERTIFICATE OF DEATH

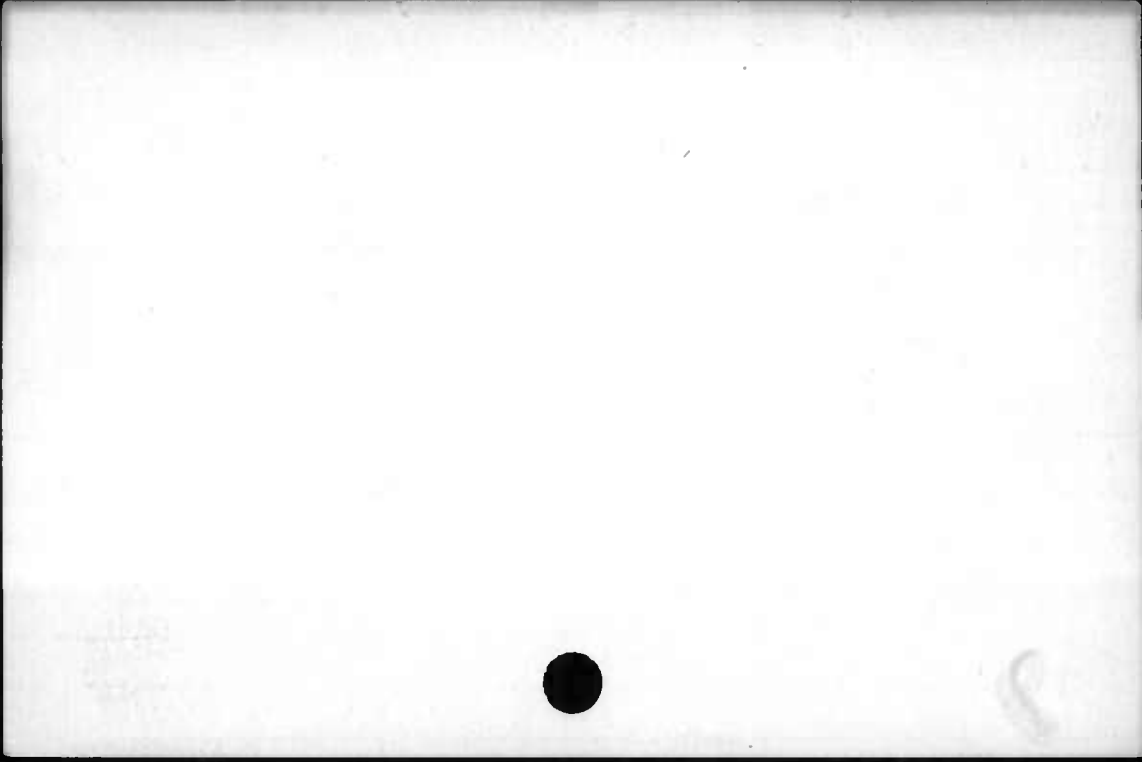
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cella</u>		Town <u>Rail</u>		County <u>Cal.</u>		MARYLAND	
Date of death	<u>1906</u>	Month <u>Oct.</u>	Day <u>19</u>	Age <u>27</u>	Years <u>4</u>	Months <u>4</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>				
Occupation <u>Mill hand</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>Edward Stansbury</u>		Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Mary Gillespie</u>		Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Laura V. Upjohn</u>		How related to deceased <u>Aunt</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of Intestines and</u>	How long <u>About 2 mos</u>
<u>nerve system</u>	How long <u>—</u>
Immediate <u>Coma</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Harold Monmonier</u>
	Address <u>Dickeyville Ind.</u>
Accident or Suicide? <u>2</u>	



Name
in
Full

Frederick E Steinbach

CERTIFICATE OF DEATH

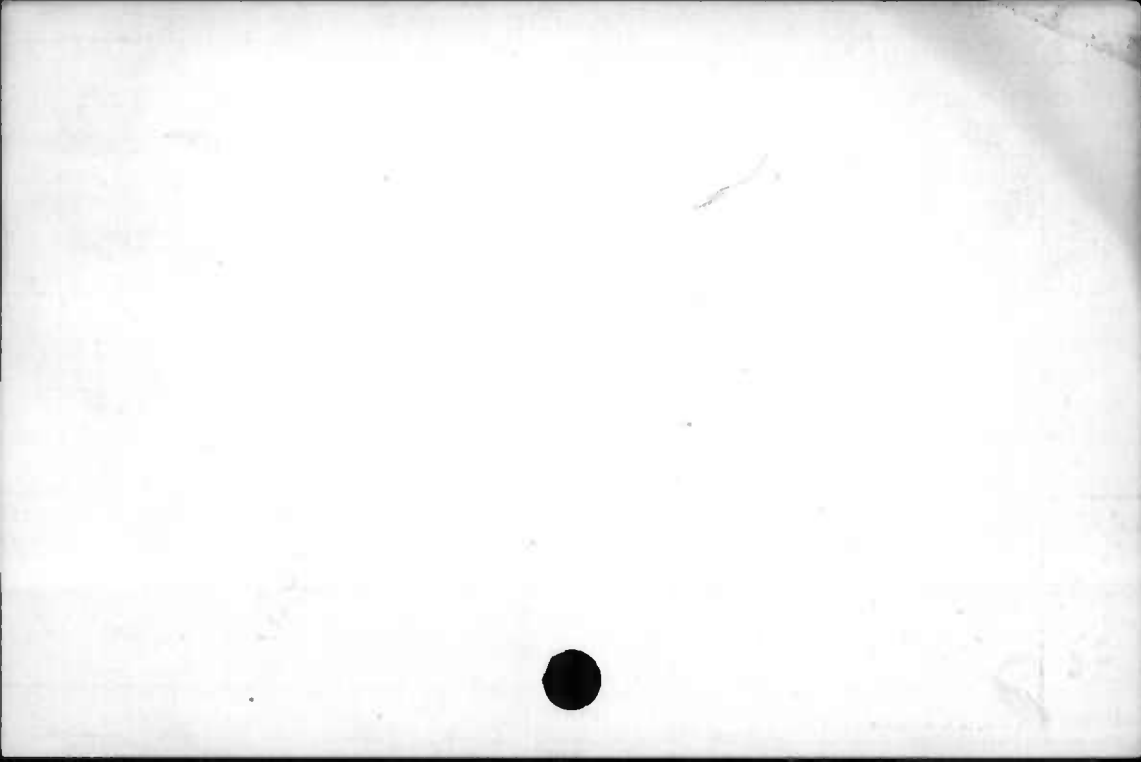
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town baltimore		County Baltimore		MARYLAND	
Date of death		1906	Month 10	Day 2	Age Years 13	Months 11	Days 13
Sex Male		Color or Race White		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Wm. Steinbach		Father's Birthplace Germany		Mother's Maiden Name Wolke Putusky			
Mother's Maiden Name Wolke Putusky		Mother's Birthplace Baltimore		Name of person giving information Mrs. Steinbach.			
Name of person giving information Mrs. Steinbach.		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis	How long 3 weeks
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. H. Atkey
Address 2 Hudson St.		
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Janett Stenett

Town

Hereford

County

Baltimore

MARYLAND

Died at

Date

of death 1906

Month

Oct

Day

20

Age

Years

35

Months

Days

15

Sex

Female

Color or
Race

Colored

Birth-
place

Hereford, Md.

Married, Single
or Widowed

Married

Occupation

Housewife.

Name of Wife or
Husband

Jas Stenett

Father's
Name

Joshua Simms

Father's
Birthplace

Butler Md.

Mother's
Maiden Name

Maria Stansbury

Mother's
Birthplace

Hagerstown Md.

Name of person giving
In formation

Maria Simms,

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Typhoid Fever.

How long

Four weeks

Immediate

Heart Failure.

How long

6 to 8 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

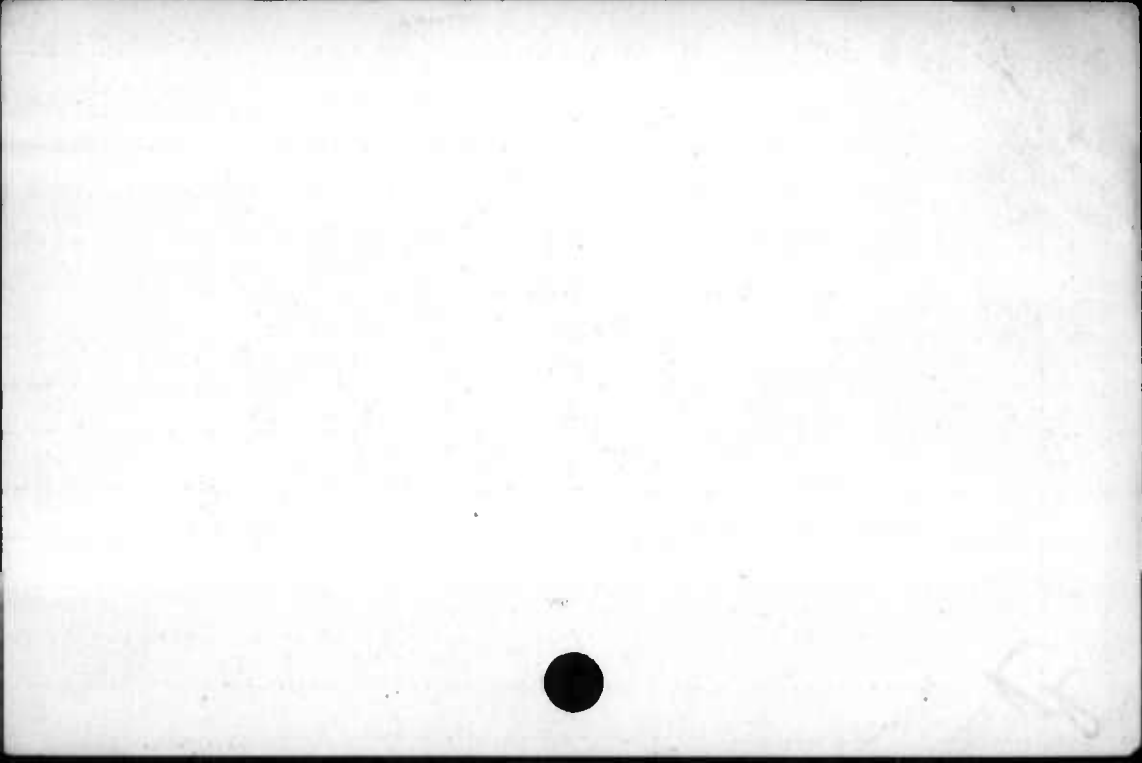
A. R. Mitchell.

Address

Mount Airy, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Irene Street Centre Cross Va

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Sheppard Church Prater Hosp^l ^{County} Towson Balto.

MARYLAND

Date of death 1906 ^{Month} Oct. ^{Day} 25 ^{Age} 55 ^{Months} 10 ^{Days} 28Sex ^{Female} ^{Color or Race} White ^{Birth-place} VaOccupation ^{House wife} ^{Where Residing if not at place of death} Centre Cross Essex Co VaMarried, ^{Single} ^{Name of Husband} Wm H Street^{Father's Name} Wm G Newbill ^{Father's Birthplace} Va^{Mother's Maiden Name} Catherine Edward ^{Mother's Birthplace} Va^{Name of person giving information} Ed Bush ^{How related to deceased} Physician

CAUSES OF DEATH

^{Primary} Insanity (Melancholia) ^{How long} 11 Mos^{Immediate} Exhaustion ^{How long} ^{Are the name, age, sex, color, date and place correctly given above?} Yes ^{Signature of Physician} Edward A Bush^{Address} Sheppard Church Prater Hosp^l Towson Md^{Accident or Suicide?}

~~Roanoke~~

H & W. Jenkins & Sons Co
233 W. Saratoga St-

Place of burial Centre Cross Essex Co Va

Name
in
Full

Silas Street

CERTIFICATE OF DEATH

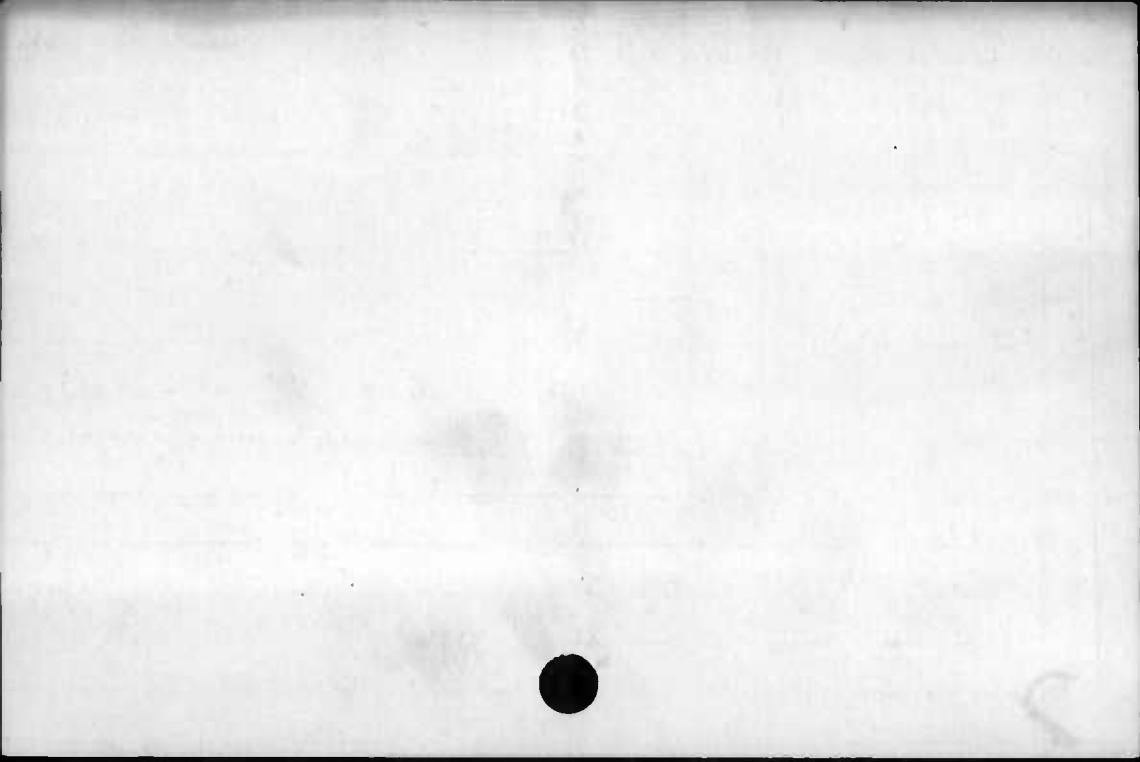
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sparrow Point		County Baltimore		MARYLAND	
Date of death		1906	Month Oct.	Day 3	Age Years 50	Months	Days
Sex		Male		Color or Race Negro		Birth- place Unknown	
Occupation		Laborer		Where Residing if not at place of death		Sparrow Point	
Married, Single or Widowed		Unknown		Name of Wife or Husband		Unknown	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving Information		Jos Blair J.P.		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Explosion at furnace. Burned.	How long	16 1/2
Immediate	Accident -	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Jos Blair (Coroner), Sparrow Point Md	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Georgetown</i> Town		<i>Belts</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>Oct</i> Day <i>2</i>		Age <i>74</i> Years		Months <i>—</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>	Where Residing If not at place of death <i>Georgetown</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Dora Streib</i>				
Father's Name <i>Jacob Streib</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>H. E.</i>	Mother's Birthplace <i>Germany</i>				
Name of parson giving information <i>Dora Streib</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>7</i> <i>Cerebral Hemorrhage</i>	How long
Immediate <i>Sudden death.</i>	How long <i>Immediate.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. H. H. H. H.</i>
<i>Previous health good.</i>	Address <i>Sta 10 Balto Md</i>
<i>Exit suddenly 3 a.m.</i>	<i>Yorkline Bvane.</i>
Accident or Suicide?	

For. Jewellers. Son

217 S. Piccadilly

Valentine

London Piccadilly

Name in Full		CERTIFICATE OF DEATH										
TO BE ANSWERED BY NEAREST FRIEND	John Suboch		County		MARYLAND							
	Died at <i>Rougen</i>		<i>Balto</i>									
	Date of death	1906	Month	<i>Oct</i>	Day	<i>28th</i>	Years	<i>65</i>	Months	<i>7</i>	Days	<i>21</i>
	Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>				
	Occupation	<i>Farming</i>					Where Residing if not at place of death	—				
	Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Mary Suboch</i>							
	Father's Name	<i>John Suboch</i>						Father's Birthplace	<i>Germany</i>			
Mother's Maiden Name	<i>Not known</i>						Mother's Birthplace					
Name of person giving information	<i>A. C. Smith</i>						How related to deceased	<i>nephew</i>				
<div style="text-align: center;">CAUSES OF DEATH</div>												
PHYSICIAN OR CORONER	Primary	<i>Acute Suppurative Appendicitis</i>						How long	<i>1 week</i>			
	Immediate	<i>Acute Leukemia</i>						How long	<i>2 days</i>			
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>						Signature of Physician	<i>A. C. Smith</i>			
								Address	<i>Woodlawn Sta Md</i>			
<div style="text-align: center;">Accident or Suicide? —</div>												

Met. Olivet Cemetery
Baltimore Co
Md

Geo. J. Smith Esq
1000 H. Fayette St Baltimore Md

Name in Full		willie Swayne				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Highlandtown		^{County} Balto		MARYLAND	
		Date of death 1906		Month Oct		Day 27	
		Age		Years		Months	
		Sex male		Color or Race white		Birth-place 1109 2nd St	
		Occupation		Where Residing if not at place of death		Days 5 hours	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Jas. T. Swayne				Father's Birthplace Balto County	
Mother's Maiden Name		Margaret A. Durham				Mother's Birthplace Balto City	
Name of person giving information		D. T. Swayne				How related to deceased Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		premature birth (7th month)		How long 15/	
		Immediate		insanitation		How long 1/2 hr.	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. W. Swayne	
		Address		Carter & Litten St. Balto Md			
Accident or Suicide?							

Mr. James Lee
H. Lander, Son,

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Still Birth*
Town *Canton*County *Balto*Date of death *1906*
Month *Oct.*Day *17th*

Age

Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Balto Co.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*George Thomas*Father's
Birthplace*Germany*Mother's
Maiden Name*Annie Sunazick*Mother's
BirthplaceName of person giving
information*George Thomas*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Still Birth

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Mary Skovring
offered \$5.04

Accident or Suicide?

Germanus France

Oct 14th 06

Sacred Heart Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mrs Elizabeth Rhodes Thompson</i>						CERTIFICATE OF DEATH	
Died at <i>Phorins</i> Town				<i>Pratt</i> County		MARYLAND	
Date of death <i>1906</i>		Month <i>Oct</i>		Day <i>20</i>		Years <i>84</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Gunpowder Md</i>		Months <i>—</i> Days <i>—</i>	
Occupation <i>Housewife formerly</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>				Name of husband <i>Husband Dr Wm. S. Thompson</i>			
Father's Name <i>Zachariah Rhodes</i>				Father's Birthplace <i>Delifox N.S.</i>			
Mother's Maiden Name <i>Lucy Church Hill</i>				Mother's Birthplace <i>Plymouth</i>			
Name of person giving information <i>Walter Ray Thompson</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Softening of Brain</i>		How long <i>2 years</i>	
Immediate <i>Paralysis of Brain</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr R. B. Bussan</i>	
		Address <i>Backersville Md</i>	
Accident or Suicide?			

Interment at Popular
Cemetery Monday
Oct-22

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

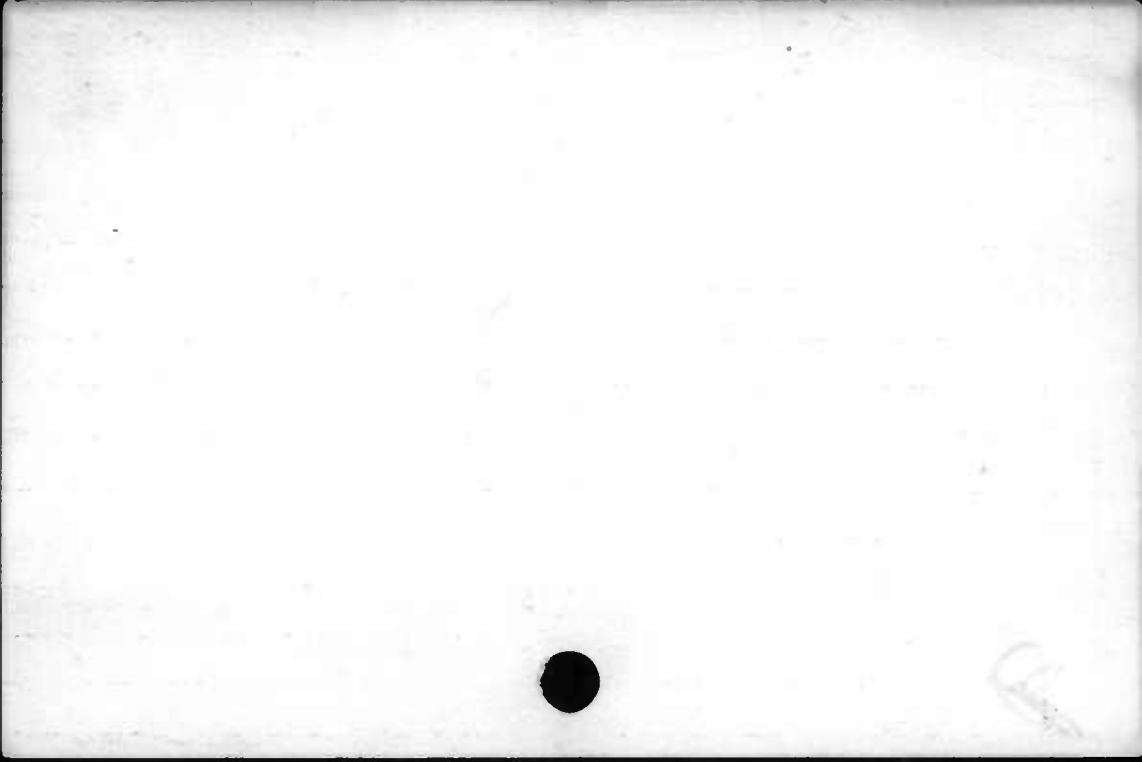
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Preston Thompson* *Atbarnel* *Balto* CountyDate of death *1906* Month *10* Day *1* Age *2* Years Months *-* Days *11*Sex *male* Color or Race *White* Birth-place *Atbarnel*Occupation *-* Where Residing if not at place of death *Atbarnel*Married, Single or Widowed *-* Name of Wife or Husband *-*Father's Name *Wm. S. Thompson*Father's Birthplace *Atbarnel*Mother's Maiden Name *E Pearl Chilcoat*Mother's Birthplace *Ind.*Name of person giving information *Wm. S. Thompson*How related to deceased *father*

CAUSES OF DEATH

Primary *Cerebro spinal meningitis*How long *3 days.*Immediate *Heart Failure*How long *.*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr. M. Rush.*Address *Backusville, Ind.*Accident or Suicide? *-*



Name
in
Full

John S. Tibbals

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Balto. Annapolis, Md.</i>		County <i>Balto Co</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>20</i>	Years <i>62</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>		
Occupation <i>Merchant</i>			Where Residing if not at place of death <i>Park Heights Ave</i>		
Married, Single or Widowed <i>M</i>	Name of Wife or Husband <i>Caroline Tibbals</i>				
Father's Name <i>John Tibbals</i>			Father's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>Balto</i>		
Name of person giving information <i>H M Tibbals</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>9 mos</i>
Immediate <i>Heart failure</i>	How long <i>112</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>Dr. H. Blum</i>
	Address <i>1816 Madison Ave Balto Md.</i>
Accident or Suicide?	

201 8th Blinn
1816 Madison Ave

Mt Olivet Cemetery
Frederick Road.

G. F. Walker
723 W Lafayette Ave
Balt. Md.

Name in Full		Harriet Tiller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Meersae		County Baltimore		MARYLAND
	Date	Month	Day	Years	Months	Days	
	of death		1906 Oct 14		Age 15		
	Sex	Female		Color or Race	Dark brown		
	Birth- place	Kent Co. Md					
	Occupation	Machine operator		Where Residing if not at place of death			
	Indust. Hom. Bldg						
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		John Tiller				Father's Birthplace
	Mother's Maiden Name		Martha Tiller				Mother's Birthplace
	Name of person giving In formation		Super. Indust. Hom.				How related to deceased
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid Fever				How long
	Immediate		Intestinal Hemorrhage				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					1220 E. Fayette Baltimore, Md		
Accident or Suicide?							

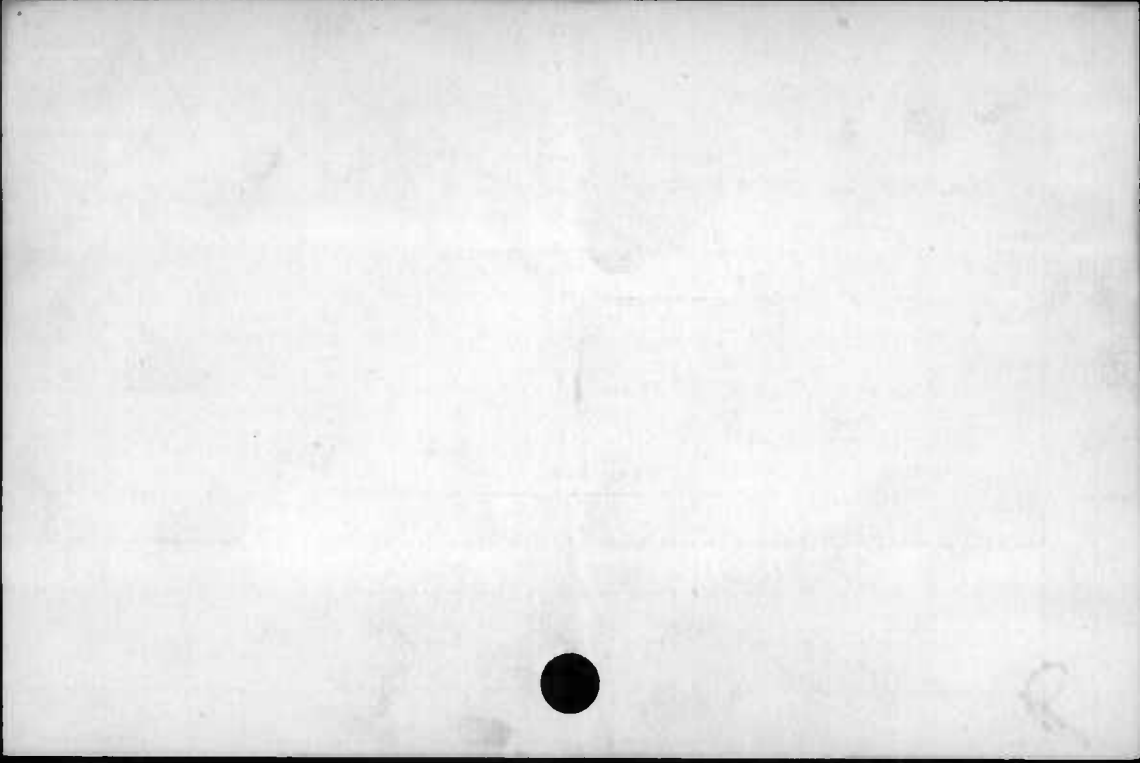
Uelovals House. Cenching

H. S. Marshall

3539 Falls Road

Oct 3-06

Name in Full		Charles L. Loulin				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Edgemere		County Baltimore		MARYLAND	
	Date of death		Month 1906	Day Oct.	Age 5	Years 1	Months 4	Days
	Sex Male		Color or Race White		Birth- place Edgemere			
	Occupation None		Where Residing if not at place of death					
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name Leon A Loulin		Father's Birthplace N. J.					
	Mother's Maiden Name Theresa Wood		Mother's Birthplace Pa					
	Name of person giving In formation Leon A Loulin		How related to deceased Father					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Infectious Colic		How long 8 minutes			
	Immediate		Choking		How long A few hours			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician F. C. Eberhard M.D.			
					Address Specimen Street Md			
	Accident or Suicide?							



Name
in
Full

Matt Trent

CERTIFICATE OF DEATH

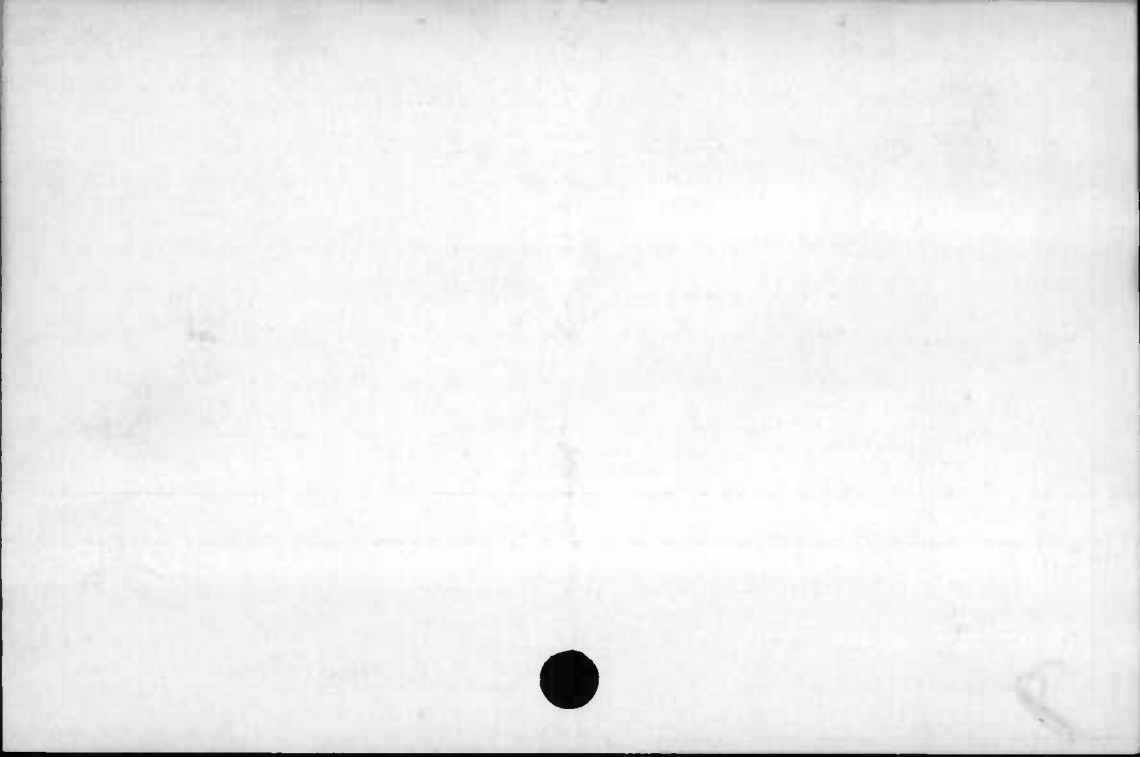
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sparrows Point</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	<u>Oct</u> ^{Month}	<u>3</u> ^{Day}	Age <u>26</u> ^{Years}	<u>Months</u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>negro</u>	
Occupation	<u>Labourer</u>		Where Residing if not at place of death	<u>Unknown</u>	
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Unknown</u>	
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>unknown</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>unknown</u>
Name of person giving information	<u>Joe Blair J.P.</u>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Explosion at furnace - Burned</u>	How long	<u>(167)</u>
Immediate	<u>Accident</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Joe Blair (Coroner)</u>
		Address	<u>Sparrows Point</u> <u>md</u>
Accident or Suicide?			



Name
In
Full

Ephraim J. Triplett

CERTIFICATE OF DEATH

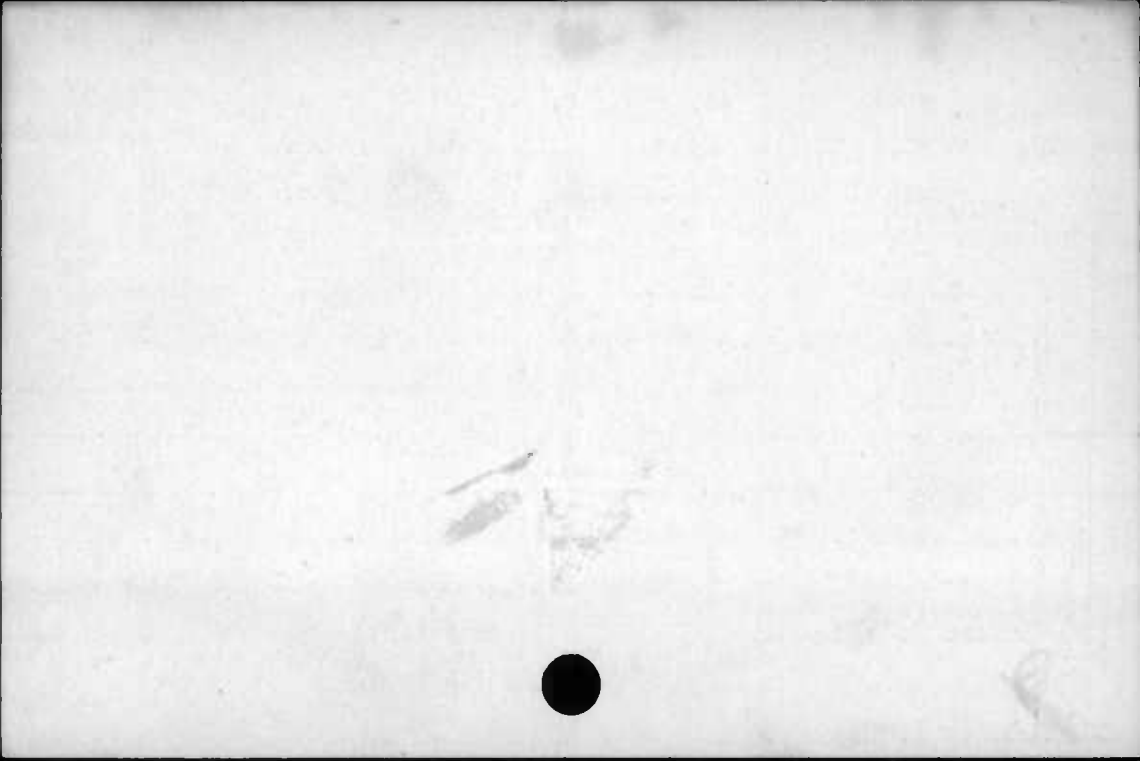
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Ruston</i>		Town <i>Batts</i>		County <i>Batts</i>		MARYLAND	
Date of death	1906	Month	Oct	Day	26	Age	22
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Batts. Co., Md</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Ernest E Triplett</i>		Father's Birthplace <i>Batts Co Md</i>					
Mother's Maiden Name <i>Mary L. Gresham</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Ernest E Triplett</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>18 mos.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. M. Seader</i>	
		Address <i>Ruston Md</i>	
Accident or Suicide? <i>8</i>			

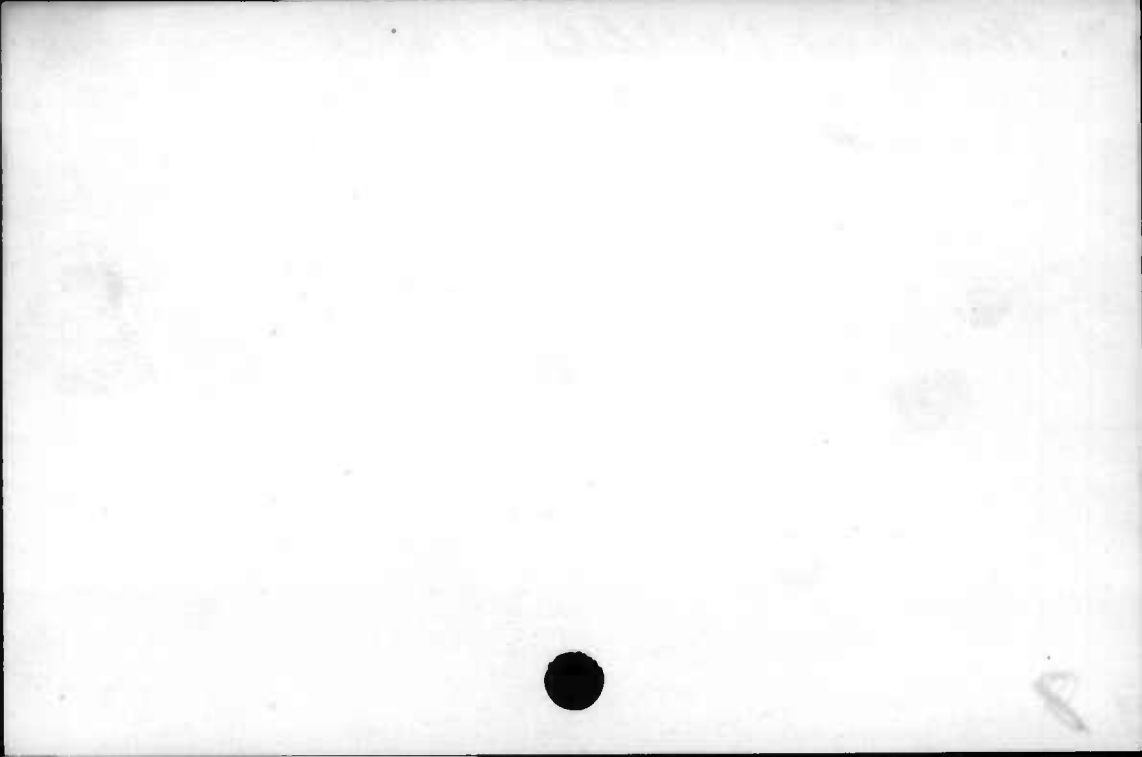


Name In Full		Mulle Jane Walker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt Winans		County Baltimore		MARYLAND
	Date of death		1906	Month Oct.	Day 23	Age 14	Years 3
	Sex		Female		Color or Race white		Birthplace Baltimore
	Occupation		School		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Douglas B. Walker		Father's Birthplace Baltimore		
	Mother's Maiden Name		Kate V. Montgomery		Mother's Birthplace Baltimore		
Name of person giving information		Kate Walker		How related to deceased Mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Chlorosis.		How long 3 months.		
	Immediate		Septicemia general		How long 4 days.		
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician R. G. Glanville		
					Address Mt Winans, Md.		
Accident or Suicide?							

Cedar Hill

Jas. Stunlebeck

Name in Full		Watters Joshua				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Leatonsville ^{Town}		Oweto. ^{County}		MARYLAND					
	Date of death		1906	Month	Oct	Day	11	Age	45	Years	Months	Days
	Sex		Male		Color or Race		Coca		Birth-place		Md.	
	Occupation		Farmer		Where Residing if not at place of death		X					
	Married, Single or Widowed		Married		Name of Wife or Husband		Ida Watters					
	Father's Name		X		Father's Birthplace		X					
	Mother's Maiden Name		X		Mother's Birthplace		X					
	Name of person giving Information		X		How related to deceased		X					
		CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Melancholia				How long		6 mos.			
	Immediate		Exhaustion				How long		3 mos.			
	Are the name, age, sex, color, date and place correctly given above?		ylo				Signature of Physician		J. H. Kude			
							Address		Leatonsville, Md.			
	Accident or Suicide?		No									



Name
In
Full

Margaret Phillips White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bryansight		County Baltimore		MARYLAND	
Date of death	1906	Month Jan	Day 28	Age	70	Months	Days
Sex	Female	Color or Race	White	Birth-place	Ireland		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband Thos. White			
Father's Name	Robert Phillips				Father's Birthplace	Ireland	
Mother's Maiden Name	Jane Stanford				Mother's Birthplace	"	
Name of person giving information	Thos. White				How related to deceased	Husband	

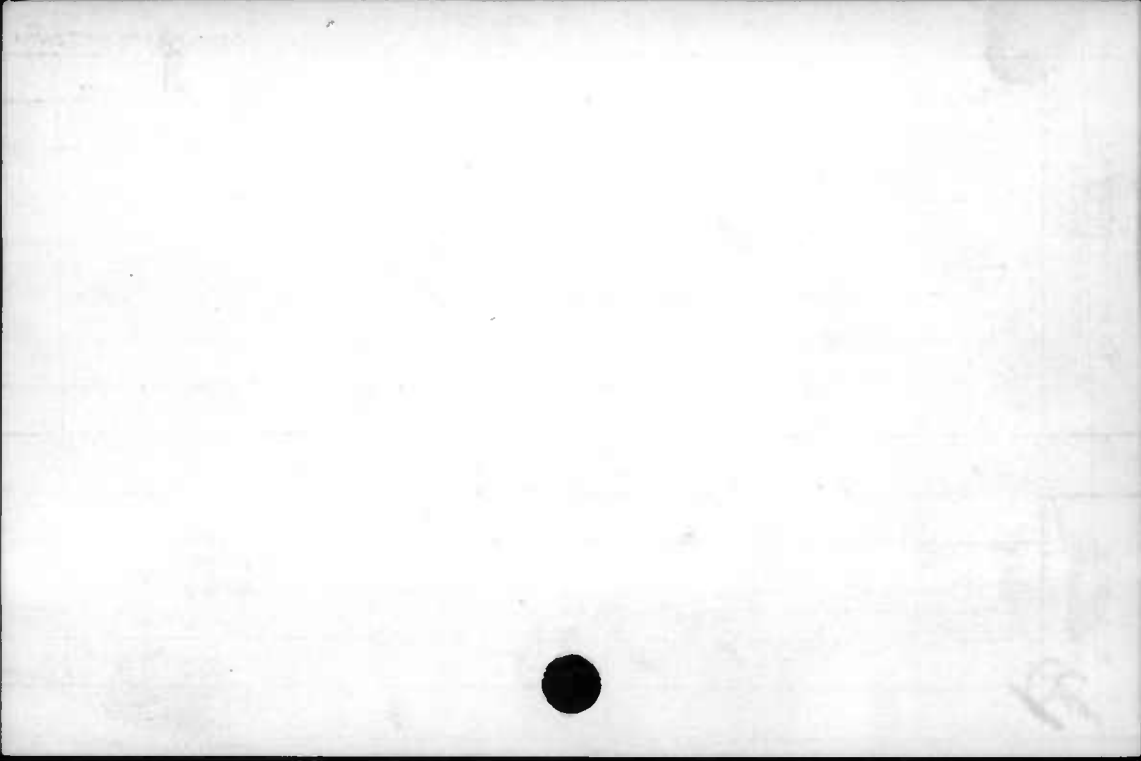
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	154
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Henry J. Walton	
		Address 71 837 N. Eutaw St.	
Accident or Suicide?			



Name in Full		MICHAEL KILLAX				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sauraville		Baltimore		MARYLAND	
	Date of death	1906	October	29	Age	81	Months Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Retired		Where Residing if not at place of death		Lanarville	
	Married, Single or Widowed	Married		Name of Wife or Husband		Theresa Killax	
	Father's Name	Augustine Killax				Father's Birthplace	Germany
	Mother's Maiden Name	Not known				Mother's Birthplace	
	Name of person giving information	Charles Killax				How related to deceased	Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Carcinoma of the Liver				How long	13 months
	Immediate	Hemorrhage + Heart failure				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		B. G. E. Vogler
	Accident or Suicide?		No		Address		1232 E. North Ave.



Name
In
Full

CERTIFICATE OF DEATH

Ada Blanch Williams

MARYLAND

Died at ^{Town} Parkton ^{County} BaltDate of death 1906 ^{Month} 10 ^{Day} 30 ^{Years} Age ^{Months} 6 ^{Days} 1

Sex Female Color or Race White Birth-place Ind

Occupation _____ Where Residing If not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Milton Williams Father's Birthplace Ind

Mother's Maiden Name Cora Belle Eaton Mother's Birthplace Ind

Name of parson giving information Milton Williams How related to deceased Father

CAUSES OF DEATH

Primary La Grippe ⁽¹⁰⁾ How long 2 weeks

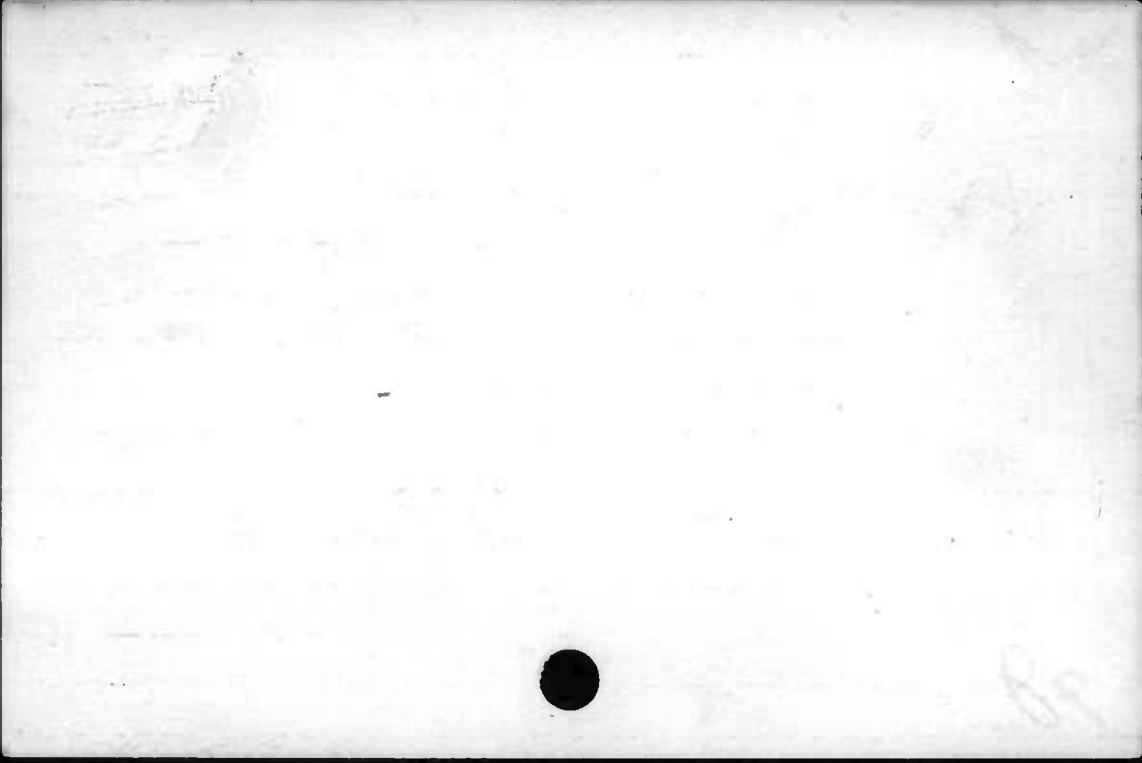
Immediate Bronchus Pneumonia How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician B. R. Harris

Address Parkton

Accident or Suicide? _____

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George L. Wilt

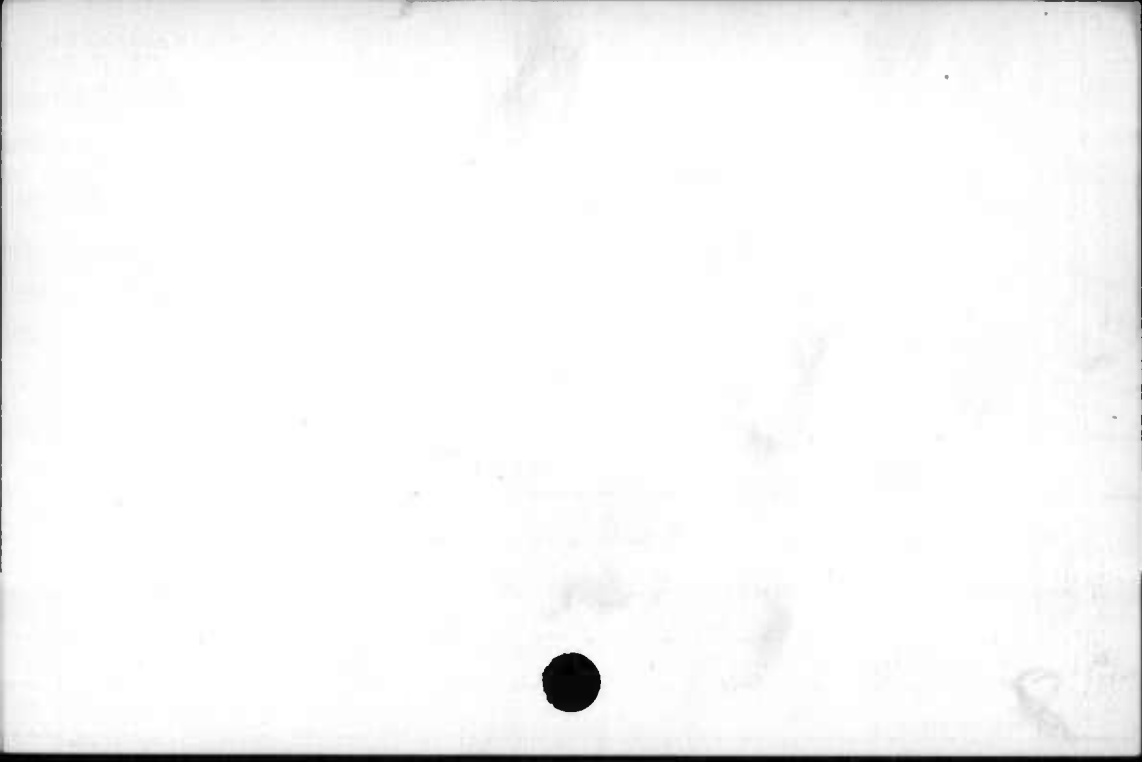
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Alberton</i>		Town <i>Alberton</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>		Month <i>Oct</i>	Day <i>15</i>	Age <i>3 1/2</i>	Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>				
Occupation <i>Mill hand</i>			Where Residing if not at place of death <i>—</i>				
Married, Single <i>Single</i>		Name of Wife or Husband <i>Mary E. J. Grove</i>					
Father's Name <i>Thomas Wilt</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Elizabeth Penwell</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Mary E. J. Wilt</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Acute Lobar Pneumonia</i>	<i>Typhoid Fever</i>	How long	<i>Two weeks</i>
	Immediate	<i>Cardiac Arrest + Pulmonary</i>	<i>Sedentary</i>	How long	<i>Two days</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Frank O. M. M. M. M.</i>	
	Address <i>Alberton, Md</i>		Accident or Suicide? <i>—</i>		



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Cockeyville		Baltimore					
Date of death	1906	Month	10	Day	24	Years	3
Sex	Male	Color or Race	Colored	Birthplace	Ind.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Geo. Winder					Father's Birthplace	Ind
Mother's Maiden Name	Ada Bond					Mother's Birthplace	Ind
Name of person giving information	Ada Winder					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	1 week
Immediate	Aphoria	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wilmer E. Eason
		Address	Cockeyville Ind.
Accident or Suicide?			



16

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John M. Wischer

Died at Banton Town

County

Balto.

MARYLAND

Date

of death 1906

Month

Oct.

Day

29

Age

Years

3

Months

9

Days

23

Sex

MaleColor or
RaceWhiteBirth-
placeMd.

Occupation

Where Residing if not
at place of death8 Elliott St.Married, Single
or WidowedName of Wife or
HusbandFather's
NameGeorge J. WischerFather's
BirthplaceMd.Mother's
Maiden Name~~Mrs~~ Elizabeth MurphyMother's
Birthplace"Name of person giving
In formationGeo. J. WischerHow related
to deceasedFather

CAUSES OF DEATH

Primary

Pseudo Membranous Group.

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Yes.Signature of
Physician

Address

Edward J. Smith M.D.
501 Hanover St.

Accident or Suicide?

Sacred Heart Bern,
Oct 30 1906

Zukler + Zukler

1739 E. Eager St,

Name
in
Full

Emilie Wise

CERTIFICATE OF DEATH

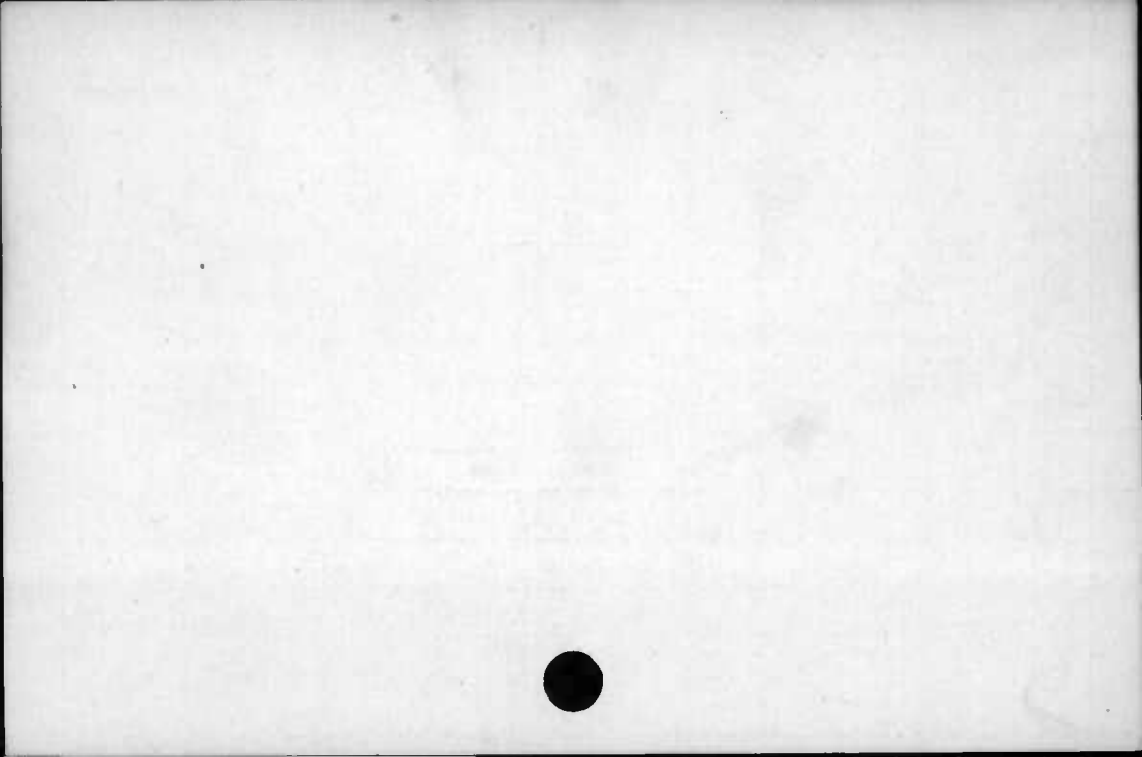
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>16</i>	Age <i>79</i> ^{Years}	Months <i>11</i>	Days <i>16</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>Loeb Sutor</i>			Father's Birthplace <i>Bararia By</i>		
Mother's Maiden Name <i>Miriagn Manheimer</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>S. Keyser</i>			How related to deceased <i>Son-in-law</i>		

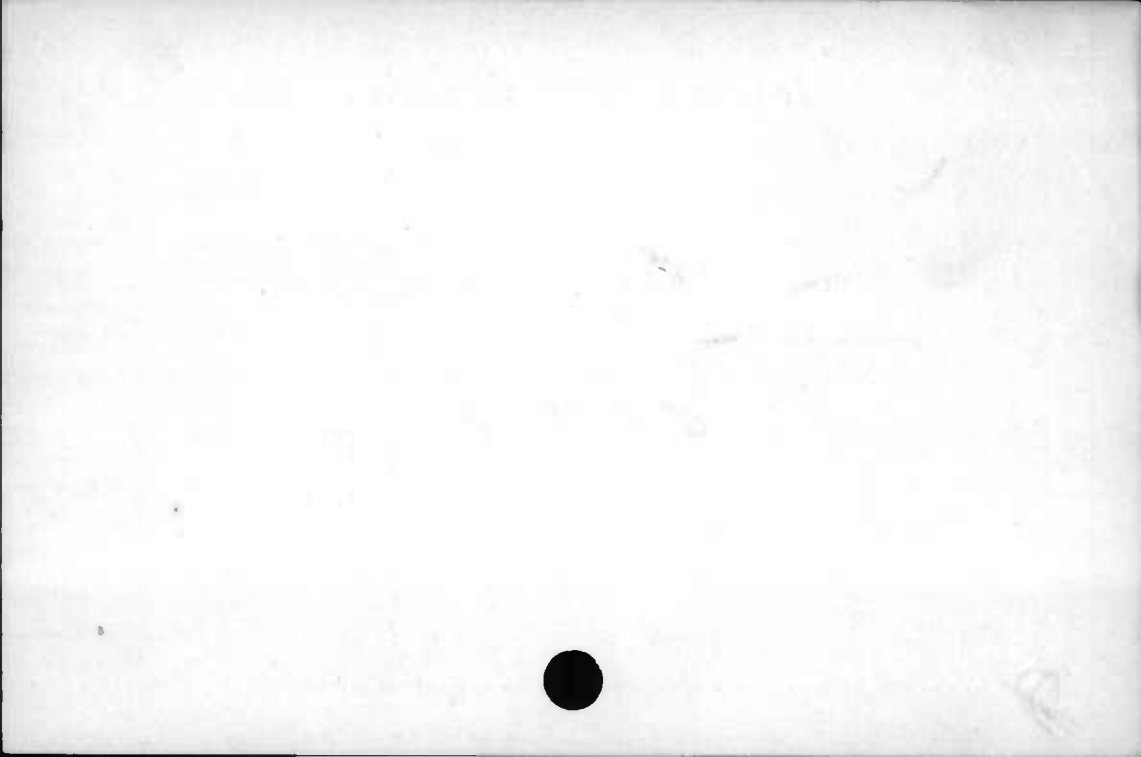
CAUSES OF DEATH

PHYSICIAN
OR CORONER

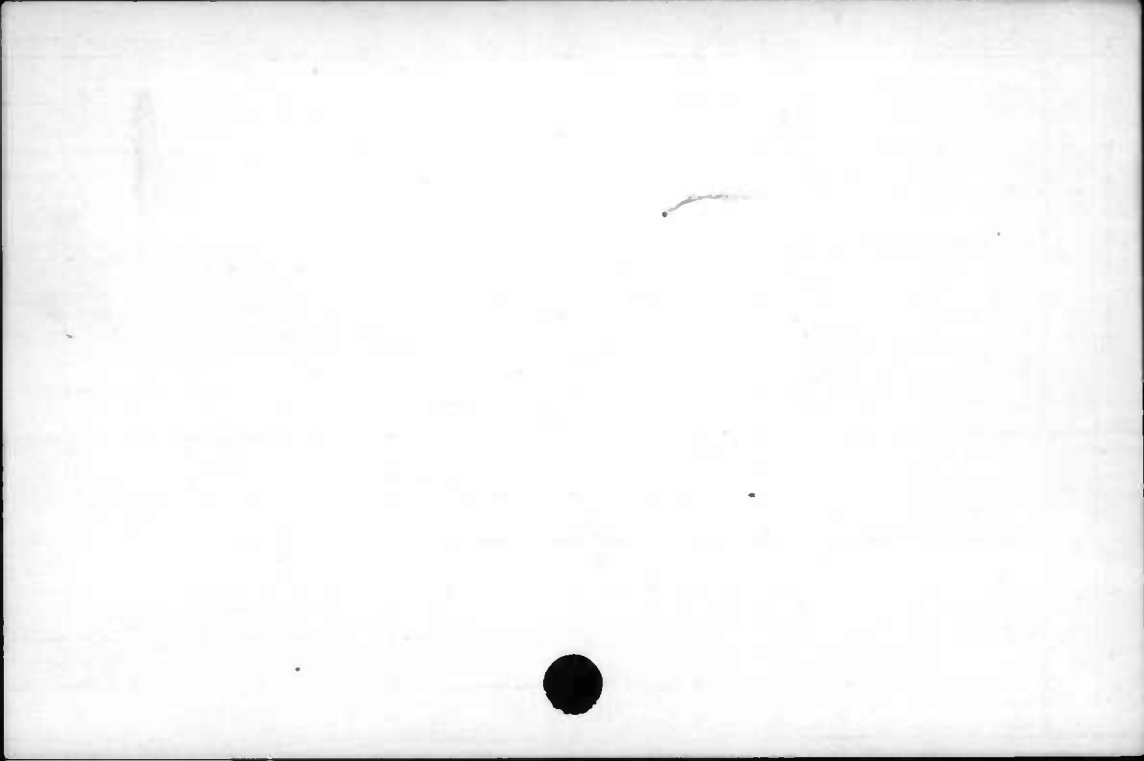
Primary <i>Smith's Lung</i>	How long <i>154</i>
Immediate <i>Pulmonary Effusion</i>	How long <i>6 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas Macgill M.D.</i>
	Address <i>Catonsville</i>
Accident or Suicide?	<i>no</i>



Name in Full		George Wise				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cawings Mills		Baltimore		MARYLAND		
	Date of death 190	6	Month 10	Day 2	Age 8	Months 10	Days 28	
	Sex	Male		Color or Race	White		Birth-place	Baltimore
	Married, Single or Widowed	Single		Occupation				Public School for Feeble Minded
	Name of Wife or Husband							—
	Father's Name				Unknown			
	Mother's Maiden Name				Estella Wise			
PHYSICIAN OR CORONER	Name of person giving information				Anna E. Rutherford			
	How related to deceased				Guardian			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Acute Enteritis				How long	6 Days	
	Immediate	Collapse & Heart Failure				How long	2 Hours	
	Are the name, age, sex, color, date and place correctly given above?				Yes			
	Signature of Physician				Frank Keating M.D.			
Address				Cawings Mills Maryland				
Accident or Suicide?								



Name in Full		Unnamed Infant Wittkowsky				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Walters</u> <small>Town</small>		<u>Bald</u> <small>County</small>		MARYLAND		
	Date of death <u>1906</u>	<u>Oct</u> <small>Month</small>	<u>19</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>	
	Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u> </u>		
	Occupation <u> </u>			Where Residing if not at place of death <u> </u>			
	Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>				
	Father's Name <u>Frank Wittkowsky</u>			Father's Birthplace <u>Bald</u>			
	Mother's Maiden Name <u>Viola</u>			Mother's Birthplace <u> </u>			
Name of person giving information <u>Frank Wittkowsky</u>			How related to deceased <u>Sister</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Still Born</u>			How long <u> </u>			
	Immediate <u> </u>			How long <u> </u>			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>John William Self</u>			
				Address <u>Middle River Md</u>			
Accident or Suicide? <u>No</u>							



Name
in
Full

Woodward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Dukeyville</i> ^{Town}		<i>Balto</i> ^{County}				
Date of death	<i>1906</i>	<i>Oct</i> ^{Month}	<i>10</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>W</i>		Birth-place <i>Dukeymer</i>			
Occupation <i>—</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>			Name of Wife or Husband			
Father's Name <i>George W Woodward</i>			Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Annie E Bruhlman</i>			Mother's Birthplace <i>"</i>			
Name of person giving information <i>G. W Woodward</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Child born dead.</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>—</i>		Signature of Physician	<i>A. C. Smith</i>
		Address	<i>Woodlawn Md.</i>
Accident or Suicide? <i>—</i>			

